Property Off Site Form

Name: _____   Email: _____

Title: _____

Department/Station: _____   Phone: _____

Equipment Information

Asset Number (Begins with AST-___): _____

Asset Identifier/Inventory Tag: _____

Asset Name: _____   Serial Number: _____

Make: _____   Model: _____

Reason Asset is Used Off Site (please be specific)

_____

_____

_____

Location for Asset Usage

Address_____

City_____   State_____   Zip_____

Expected Date of Return_____

_____   _____
Signature of Individual in Possession of Property   Date

_____   _____
Department/Unit Head Approval   Date

Please email this form to property@uada.edu