

UTAH STATE UNIVERSITY  
**Equipment Off Premises Authorization**  
(For USU Equipment located off University Premises)

College or Administrative Unit: \_\_\_\_\_

Department: \_\_\_\_\_

Equipment Use: \_\_\_\_\_ Instruction \_\_\_\_\_ Research \_\_\_\_\_ Sponsored Project

**ITEM(S)**

Description	Inventory Number	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: Persons requesting to take equipment items off university premises must accept the responsibility for the security and safe use of the equipment.**

**HOME LOCATION**

Name of Equipment Steward: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Justification/Reason to be located off premise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date equipment to be returned to campus: \_\_\_\_\_

**APPROVAL**

Equipment Steward: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment Inventory Office, Phone 7-1999, FAX 7-1077, UMC 2400  
<http://controller.usu.edu> FORMS