

This form applies to all university and sponsor-owned equipment temporarily removed from ASU or permanently relocated to a site not owned or leased by ASU. This authorization is valid for up to two years and may be renewed by submitting a new form.

**Note**: Please <u>contact Property Control</u> immediately if the equipment satisfies the capital equipment criteria defined in <u>PCS 102</u> and a property control number is not attached to the equipment.

If capital equipment is listed, ensure you send a completed copy to Property Control to satisfy inventory requirements.

## **Equipment information**

| ASU property<br>control number | Description of equipment | Serial<br>number | Model | Manufacturer | Condition |
|--------------------------------|--------------------------|------------------|-------|--------------|-----------|
|                                |                          |                  |       |              |           |
|                                |                          |                  |       |              |           |
|                                |                          |                  |       |              |           |
|                                |                          |                  |       |              |           |
|                                |                          |                  |       |              |           |

## **Equipment location information**

Complete address and site description

Responsible individual

Signature

Department name

Authorization — dean, chair or department head only

Name

Signature

ASURITE ID

Date

Expected return date

Title

Date



Fill out and submit the following section only when the equipment has been returned to ASU.

## **Equipment returned**

| ASU property control<br>number | Description of equipment | Condition | New location |
|--------------------------------|--------------------------|-----------|--------------|
|                                |                          |           |              |
|                                |                          |           |              |
|                                |                          |           |              |
|                                |                          |           |              |
|                                |                          |           |              |

## Confirmation — dean, chair or department head only

Name

Signature

Please contact <u>Brandi Anderson, accounting manager</u>, or <u>Charles Taylor, accountant senior</u>, with questions or for more information.

Date

Title