

Capital Equipment Asset Off Campus Request Form

Scan & Email this form to: controller@umn.edu Phone: 612-624-1617	U Wide Form: UM 1677 Rev: 02/2021
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Use the form when capital equipment assets will be used at an off campus site.

ACCOUNTING SERVICES

REQUEST TO TAKE EQUIPMENT OFF CAMPUS

Date Taken _____
 Anticipated Return _____ OR Indefinitely
 Actual Return Date _____
 Returned to Bldg./Room _____
 User Name _____

REASON FOR REQUEST (JUSTIFICATION)

PROPERTY DETAIL (use additional page if necessary)				CHECK IF PURCHASED ON SPONSORED FUNDS
Asset Tag No.	Serial No.	Model No.	Description	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Property Disposal Recommendation – Accounting Services

CUSTODIAL RESPONSIBILITY: Department Name _____ Dept. ID# _____

Requested By _____ Phone No. _____ Date _____
 (Please Print)

Building _____ Room # _____

APPROVALS: (Requester should obtain signature on top line below)

Administrator _____ Date _____

Office of the Controller _____ Date _____

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