

# Capital Equipment Asset Off Campus Request Form

<b>Scan &amp; Email this form to:</b> controller@umn.edu Phone: 612-624-1617	<b>U Wide Form:</b> UM 1677  Rev: 10/27/17
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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** \_\_\_\_\_

### DEPARTMENTAL REASON FOR REQUEST


PROPERTY DETAIL (use additional page if necessary)				CHECK IF BOUGHT 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"/>
				<input type="checkbox"/>

### Property Disposal Recommendation – Inventory 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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