

**OLD DOMINION UNIVERSITY**  
**Equipment Off-Campus Authorization Form**

The following equipment is authorized to be removed from campus for official use, with the estimated return date listed below:

TAG #	EQUIPMENT DESCRIPTION	SERIAL NO.	MODEL NO.

Custodian of equipment while off campus: *(please type or print)*

Name:	Position No.
Social Security No.	
Address or location of equipment:	

_____ Signature	_____ Campus Phone No.	_____ Estimated Return Date (No more than 1 year from origination date.)
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Department Name:	Budget Code:
Budget Unit Director:	Date:

Form Received by  
 Property Control: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Distribute copies to: Property Control, Department Budget Unit Director, Employee

Above equipment has been returned in satisfactory condition.

Budget Unit Director: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Control

\_\_\_\_\_  
Date