OLD DOMINION UNIVERSITY
Equipment Use Authorization Form

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

Equipment Information: (please type or print)

Tag #	Manufacturer & Equipment Description	Model	Serial #

Custodian of equipment while off campus:

Name:	UIN:
Physical address of equipment:	Return Date: No more than 1 year from origination da

Employee Signature _____ Date Signed _____ Campus Phone No. _____

Budget Unit Authorized Signer:

Print:	Budget Code:
Sign:	Date:

FixedAssets@odu.edu

Form Received by Fixed Asset Accountant _____ Date: _____
Signature

Fill out after equipment has been returned in satisfactory condition

Budget Unit Authorized Signer:

Print:	Budget Code:
Sign:	Date:

Fixed Asset Accountant:

Sign:	Date: