



OLD DOMINION UNIVERSITY
Research Foundation

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: <i>No more than 1 year from origination date</i> |
| | |

Employee Signature
Date Signed
Campus Phone No.

Supervisor's Signature:

| | |
|--------|-------------|
| Print: | Department: |
| Sign: | Date: |

Form Received by
Human Resources: _____ Date: _____
Signature

Fill out after equipment has been returned in satisfactory condition

Supervisor's Signature:

| | |
|--------|-------------|
| Print: | Department: |
| Sign: | Date: |

Fixed Asset Accountant:

| | |
|-------|-------|
| Sign: | Date: |
|-------|-------|