

Request for Off Campus Use of University of Michigan Property

In accordance with U-M policy, faculty and staff members must receive authorization to remove U-M equipment from University buildings. This authorization must be approved by the department head who is of higher administrative authority than the requester. When properly completed, this form authorizes the removal and use of equipment as specified below.

Equipment Use: (Exclusively for business use)

| Off-Campus Location: (address) | | | | |
|--------------------------------|---------|---|---------|--------------|
| Time Period: | From: | | To: | |
| Itama with | Accet 7 | age can not be removed from compute for | or more | than 2 years |

- Items with Asset Tags can not be removed from campus for more than 2 years -

| Equip | ment to be Purchased or Rem | noved: | | | |
|-------|-----------------------------|--------|---------------|-----------|----------------------|
| # | Item | Model | Serial Number | Asset Tag | Removed Purchased |
| 01 | | | | | |
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |
| 05 | | | | | |
| 06 | | | | | |
| 07 | | | | | |
| 08 | | | | | |
| 09 | | | | | |
| 10 | | | | | |



Agreement by Requestor:

REQUEST FOR REMOVAL AND USE OF UNIVERSITY EQUIPMENT

| 5.1 | | 7.41 | D () () () | B / | 0: 4 |
|-----------------------|--------------------------------|--------------------------|--|-------------------------|------------------------|
| Name | Unique ID | Title | Department ID | Date | Signature |
| | | | | | |
| Authorization to Re | move and Use Equipm | ent: | | | |
| Γhis request is hereb | y approved in accordanc | ce with Standard Pr | actice Guide Section #520. | | |
| Name | Unique ID | Title | Department ID | Date | Signature |
| | | | | | |
| | | | | | |
| | | | | | |
| If any of | f the equipment to be remove | d is valued at \$5,000 o | r greater or is sponsored titled, pl | ease return a copy of t | his form to |
| If any of | | | r greater or is sponsored titled, plan. (Item should have an Asset Tag | | his form to |
| If any of | | | | | his form to |
| | | erty.control@umich.edu | | | his form to |
| To be Completed U | prope pon Equipment Return: | erty.control@umich.edu | | | his form to |
| Fo be Completed U | prope pon Equipment Return: | erty.control@umich.edu | ı. (Item should have an Asset Tag | | |
| To be Completed Up | propertion of the above | erty.control@umich.edu | ent in satisfactory condition. |) | his form to Signature |
| To be Completed Up | propertion of the above | erty.control@umich.edu | ent in satisfactory condition. |) | |