

OFF-CAMPUS USE FORM

Farmingdale State

Please print or type all Information. DISTRIBUTION: Please print one copy for each of the following: Property Control, User, Property Control (upon return), Department File.

Name: (First, Middle Initial, Last)	Title	Department:
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I require the use of the equipment listed below at an off-campus site:

<u>Property Description</u>	<u>Model / Serial No.</u>	<u>Decal No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<p>The purpose of this use is:</p> <p><input type="checkbox"/> TEACHING _____ <small>(Course Number)</small></p> <p><input type="checkbox"/> RESEARCH _____ <small>(Project / Contract Number)</small></p> <p><input type="checkbox"/> PUBLIC SERVICE _____</p> <p><input type="checkbox"/> OTHER _____ <small>(Specify)</small></p>	<p>Enter location(s) where equipment will be located:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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The equipment will be used as follows:

<p>EQUIPMENT RETURN: _____</p> <p>INSPECTED BY: _____</p> <p>CONDITION: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>Reason: _____</p> <p>_____</p> <p>Special Instructions, including date due: _____</p> <p>_____</p>
<p>_____ Authorized Signature Date</p>	<p>_____ Authorized Signature Date</p>