

## Temporary Off-Campus Loan of Equipment

This form applies to university and sponsor owned equipment possessing an ASU Main Campus, West Campus, or East Campus Property Control number (ASU PC#). NOTE: If a Property Control number is not affixed to the capital equipment contact Property Control immediately.

Please fax completed form to ASU Property Control (480) 965-3442 or mail form to MD 5212. For questions please contact Carolyn Coates (480) 965-5054.

**Equipment Loaned:**

ASU PC#	Description of Equipment	Serial No.	Model No.	Condition

**Loaned to:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ ASU I.D. #: \_\_\_\_\_

Department Name: \_\_\_\_\_

Office Location: \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Expiration Date of Loan (not to exceed two years):** \_\_\_\_\_

**Authorized by (Dean, Chair, or Department Head)**

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equipment Returned:**

ASU PC#	Description of Equipment	Serial No.	Model No.	Condition

**Return Authorization (Dean, Chair, or Department Head)**

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Equipment Location:**

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Subroom: \_\_\_\_\_