

Equipment Description: _____

University Inventory #: _____ Serial #: _____

Equipment Description: _____

University Inventory #: _____ Serial #: _____

Equipment Description: _____

University Inventory #: _____ Serial #: _____

Equipment will be located at: _____

The equipment will be returned: _____

I accept full responsibility for any loss or damage for the following equipment items that I will be taking off-campus.

I understand that the department has the right to request that I return the equipment to the University at any time.

I understand that because the equipment is the property of the University, it may be necessary for auditors to come to the location (mentioned above) to visually verify that the equipment is at that location and is being used as intended.

I understand that personal use of University property is a violation of Section 12.1-23-07 of the North Dakota Century Code.

I understand that if I fail to return the equipment to the University, appropriate sanctions may be taken against me, including withholding of moneys due me by the University until such equipment is returned.

Employee Name: _____ EMPL ID: _____

Signature _____ Date _____

Supervisor Name: _____ Dept #: _____

Signature _____ Date _____

Equipment Returned

Equipment Description: _____

University Inventory #: _____ Serial #: _____ Date: _____

Equipment Description: _____

University Inventory #: _____ Serial #: _____ Date: _____

Equipment Description: _____

University Inventory #: _____ Serial #: _____ Date: _____

Signature _____ Date _____

Verified _____ Date _____

This document is to be printed
and retained in your office.