ECU EQUIPMENT TRACKING
OFF CAMPUS/HOME USE AUTHORIZATION

Department:			ORG Code:
Name of User:			Work Phone #:
Description of Equipment:			Tag / Serial #:
Justification for Off Campus/Home Use:			
To Be Returned: ☐ Date: _____ ☐ Other: _____			
User's Signature"		Date:	
Approved by: (signature)	Print Name:	Date:	Work Phone:
Title: ☐ Dean ☐ Director ☐ Department Head ☐ Other _____			

COMPLETE UPON RETURN OF EQUIPMENT:	
The equipment listed above has been returned.	Date Returned:
User's Signature:	Date:
Verified by (signature):	Date:
Title: ☐ Dean ☐ Director ☐ Department Head ☐ Other _____	

Instructions for Initial Authorization: Complete the top portion of the form and save for departmental files ONLY if equipment will be returned within a week. If more then one week forward a copy to the Fixed Assets Office.
Instructions for Return: Complete the bottom portion of the form. Return this form for departmental files and forward a copy to the Fixed Assets Office if applicable.

Revised: 10/07 equipment cu tracking