



# REQUEST FOR OFFSITE PC EQUIPMENT USE

**Note: all equipment issued must be used for University Business and must be returned upon separation from the University**

Date:

Dept.#

Department Name:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Equipment Type:  Computer  Printer  Modem  
 Other \_\_\_\_\_

Serial Number(s):  Model #

VCU Asset Tag:

Manufacturer: \_\_\_\_\_

Address of offsite equipment:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director

Reason for rejection of request:

Fixed Assets Custodian's Name:   
Copy received:

DATE RETURNED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_