



REQUEST FOR OFFSITE 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: _____