

# LSUHSC-NO 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: <input type="checkbox"/> Date: _____ <input type="checkbox"/> Other: _____			
User's Signature"			Date:
Approved by: (signature)	Print Name:		Date:
Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other _____			

COMPLETE UPON RETURN OF EQUIPMENT:	
The equipment listed above has been returned.	Date Returned:
User's Signature:	Date:
Verified by (signature):	Date:
Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other _____	
<p><b>Instructions for Initial Authorization:</b> 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 Asset Mangement Office.</p> <p><b>Instructions for Return:</b> Complete the bottom portion of the form. Return this form for departmental files and forward a copy to the Asset Management Office if applicable.</p>	