

**LSUHSC-NO EQUIPMENT TRACKING  
OFF CAMPUS/HOME USE AUTHORIZATION**

Department:		Dept Acct:	
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: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head			
<input type="checkbox"/> Other _____			

<b>COMPLETE UPON RETURN OF EQUIPMENT:</b>	
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. Forward a copy to the Asset Management Office if item is \$1,000 or greater.</p> <p><b>Instructions for Return:</b> Complete the bottom portion of the form. Maintain this form for departmental files and forward a copy to the Asset Management Office if item is \$1,000 or greater.</p>	