

## OLD DOMINION UNIVERSITY Equipment Use Authorization Form

The following equipment is authorized to be removed from campus for official use, with the estimated return date listed below.

**Equipment Information:** *(please type or print)*

| Tag # | Manufacturer & Equipment Description | Model | Serial # |
|-------|--------------------------------------|-------|----------|
|       |                                      |       |          |
|       |                                      |       |          |
|       |                                      |       |          |

**Custodian of equipment while off campus:**

|                                |  |
|--------------------------------|--|
| Name:                          | UIN:   |
| Physical address of equipment: | Return Date:<br><i>No more than 1 year from origination date</i> |
|                                |  |

Employee Signature                      Date Signed                      Campus Phone No.

**Budget Unit Authorized Signer:**

|        |              |
|--------|--------------|
| Print: | Budget Code: |
| Sign:  | Date:        |

*Please scan form to: [FixedAssets@odu.edu](mailto:FixedAssets@odu.edu), or send by fax to 683-4100*  
 Distribute copies to: Fixed Asset Accountant, Department Budget Unit Director, Employee

Form Received by  
 Fixed Asset Accountant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Fill out after equipment has been returned in satisfactory condition**

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**Budget Unit Authorized Signer:**

|        |              |
|--------|--------------|
| Print: | Budget Code: |
| Sign:  | Date:        |

**Fixed Asset Accountant:**

|       |       |
|-------|-------|
| Sign: | Date: |
|-------|-------|