

Inventory Equipment Located off Campus

Department and Unit Code: _____

Date Removed: _____ Date to be returned: _____

Inventory Item not located on campus:

Inventory Number: _____

Description: _____

Serial Number: _____

PO# _____

Location of Equipment:

Home

Field

Other, please specify: _____

Person in possession of item:

Name: _____

Address: _____

Telephone: _____

Signature: _____

Association with the University of Texas:

Faculty

Staff

Student

Other, please specify: _____

Department Representative:

Signature: _____ Date: _____