

**THE RESEARCH FOUNDATION OF
STATE UNIVERSITY OF NEW YORK**

RF EQUIPMENT REMOVAL FORM

TO: Tracy Bennett
RF Operation Manager

SUBJECT: Removal of RF Equipment from Building

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Reason for Removal (Please check appropriate box):

For Repair
Number of items: _____
Expected return date: _____

Equipment Purchased by Employee

Equipment on Temporary Loan
Expected return date: _____

Item Description: _____

Model No.: _____

Serial No.: _____

Decal No.: _____

This item is authorized to be removed from premises.

APPROVAL: _____ DATE: _____
Tracy Bennett, Operation Manager or Delegate

Please forward copies to

Heidi Moldenhauer
Office of Sponsored Programs
E230C Thompson Hall

RF Property Control
303 Maytum Hall