

STATE UNIVERSITY OF NEW YORK AT FREDONIA

TEMPORARY LOAN OF EQUIPMENT ANNUAL REVIEW

It is the policy of the SUNY Property Control System that all state owned and Research Foundation equipment be locatable at all times.

If equipment is temporarily located OFF CAMPUS, the following MUST be completed and returned to the Property Control Office for annual review. The temporary assignee is responsible for any damage and/or loss while the item(s) is/are located off campus. **

Yearly, the item(s) located off campus is/are reviewed via this form. Please indicate, in the designated area below, the current location of the item(s) in which you have been give permission to utilize off campus.

ASSET INFORMATION

DECAL #: _____ ITEM DESCRIPTION: _____

MODEL: _____ MANUFACTURER: _____ SERIAL #: _____

Temporary Location: _____ Item Condition: _____
(Complete address of temporary location)

REVIEW OF TEMPORARY ASSIGNEE INFORMATION (Please print)

Name: _____ Department: _____

Campus Address: _____ Campus Phone: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- YES, the item is still in my possession off campus at the location listed above.
- NO, the item is no longer in my possession off campus and was returned to (*responsible party on campus NAME*) _____ on (*date*) _____.

**I understand that any damage to or loss of equipment borrowed by me will be my personal responsibility by reimbursement/replacement.

**Signed: _____ Dated: _____
(Assignee)

Approved: _____ Signed: _____
(Dept. Chair) (Please print) (Department Chair)
(Or Immediate Supervisor) (Or Immediate Supervisor)

Approved: _____ Signed: _____
(VP Finance & Admin.) (Please print) (VP Finance & Administration)
(Or Director of University Services) (Or Director of University Services)

All signatures above are REQUIRED

Upon return of the equipment, the department shall advise Property Control via memo or e-mail at the following addresses:

Property Control Office, 404 Maytum
Property.control@fredonia.edu

DISTRIBUTION

Original: Property Control
Copies: Retained by Assignee
Department