

Complete the top portion of this form when an asset is removed from University premises for use off-campus. Department completes the Return Information when the asset is returned.

Section A: Removal Information

Requestor Name (Print): _____ Department: _____

Phone: _____ Date: _____ Estimated return date: _____

Reason for Move: _____

Off-campus location for the asset (if different than requestor's home address):

Asset Identification

Asset Description	Model	Serial Number	Dept. Inventory #, if any

Declaration: The asset(s) noted above is/are the property of the University of Waterloo. The requestor agrees to use the asset(s) for University business purposes only, take reasonable care of the asset(s), and return the asset(s) to the University in good working condition. The requestor agrees to return the asset(s) upon request or should his/her employment with the University of Waterloo terminate.

Signature of Requestor: _____ Date: _____

Signature of Dean/Chair/Director/Department Head: _____

Section B: Return Information

Return Date	Returned to Building and Room	Condition

Signature of Dean/Chair/Director/Department Head: _____

Distribution: Send original to (Faculty) Financial Officer or equivalent.
Please retain a copy for Department file.