

**REQUEST FOR TEMPORARY REMOVAL OF STATE MOVABLE PROPERTY**

Department Name \_\_\_\_\_

Department Number \_\_\_\_\_

Instructions: Fill out the necessary information above the dotted line. Acquire necessary Vice Chancellor and Department Head signatures. This form should then be forwarded to the Property Control Office for review and approval. Once approved, original will be retained in Property Control, the balance will be sent back to you to be retained until equipment is returned. Departmental receipt copy should be attached to property custodian's inventory print-out in the event of an audit. When the equipment is returned, fill out the information below the dotted line and forward to property control.

**I request that I be allowed to remove state movable property from its current operating location(s) and I understand that I shall be responsible for the equipment while in my care. I also certify that said property will be utilized for college related business only.**

\_\_\_\_\_  
Employee \_\_\_\_\_ Date

Date Required \_\_\_\_\_ Estimated Date of Return \_\_\_\_\_

Reason(s) \_\_\_\_\_

ITEM/DESCRIPTION	TAG NO.	CURRENT LOCATION	REQUESTED LOCATION

Approved by appropriate Vice Chancellor \_\_\_\_\_

Department Property Custodian \_\_\_\_\_

Property Control Manager \_\_\_\_\_ Date \_\_\_\_\_

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The aforementioned property has been returned to the proper locations(s) as of this date

Employee \_\_\_\_\_ Date \_\_\_\_\_

Department Property Custodian \_\_\_\_\_ Date \_\_\_\_\_

Property Control Manager \_\_\_\_\_ Date \_\_\_\_\_