

**UNIVERSITY OF WEST FLORIDA  
EQUIPMENT CHECK-OUT FORM  
FOR PERIODS IN EXCESS OF TEN DAYS**

**I request permission to remove UWF equipment from University premises for official use at off-campus locations. This form must be completed, signed, and forwarded to the Property Section in the Controller's Office prior to removing any equipment from the University premises.**

UWF Tag #	Department #	Description	Serial #
Period of Use		From:	To:
<i><b>Purpose:</b></i>			
Typed Name of Requestor		Department Name and Number	
<i><b>I hereby accept full responsibility for the above described equipment and agree to reimburse UWF for any damage or loss resulting from my negligence. I also agree to bring this equipment back to campus for inventory purposes when requested to do so by the Property Section.</b></i>			
Signature of Requestor		Date	
<i><b>Approved:</b></i>			
Signature, Department Head/Accountable Officer		Date	
If approval is requested in excess of 90 days, this form must also be signed by a Dean or Vice President.			
Signature, Dean or Vice President		Date	
<i><b>I hereby certify that the above described equipment has been returned to the University premises and was returned in satisfactory condition.(Return 2nd Copy to Property)</b></i>			
Signature, Department Head/Accountable Officer		Date	

**Distribution:**

- Original - Property Section, B#20E, Rm 108
- 1st Copy - Department
- 2nd Copy - Property When Equipment Returned
- 3rd Copy - Given to Requestor