

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 #
Date of Use (up to 2 years)		From:	To:
Purpose:			
Typed Name of Requestor		Department Name	
<i>I agree to accept responsibility for the equipment described above and I agree to reimburse UWF for any damage or loss to the equipment resulting from my negligence and not covered by the University's insurance policies. I also agree to bring this equipment back to campus for inventory purposes when requested to do so by the Property Section.</i>			
Signature of Requestor		Date	
Approved:			
Signature, Department Head/Accountable Officer		Date	
<i>I hereby certify that the above described equipment has been returned to the University premises and was returned in satisfactory condition.</i>			
Signature, Department Head/Accountable Officer		Date	