

SOUTHERN CONNECTICUT STATE UNIVERSITY
PROPERTY AND INVENTORY CONTROL OFFICE

FORM I-003

Please use this form to report the authorized removal of state-owned property from SCSU for state-related business at home or at another off-campus location. Forward the completed form to Facilities Operations/Inventory Office, FO 119 BEFORE removal.

Date Equipment Removed from Campus _____

Requester (Please Print) _____

Department _____

Inventory Bar Code No. _____

Item Description: _____

Inventory Bar Code No. _____

Item Description: _____

Present Location: Department _____ Building _____ Room _____

Off Campus Location (ADDRESS): _____

Phone No. _____

DATE EQUIPMENT IS TO BE RETURNED TO CAMPUS: _____

SIGNATURE (REQUESTER): _____

DATE: _____

APPROVED BY: _____

DATE: _____

(Signature of Immediate Supervisor)

NOTIFY INVENTORY IN WRITING WHEN EQUIPMENT IS NO LONGER BEING USED OFF CAMPUS (danielsl1) –OR- CONTACT THE OIT HELPDESK FOR REMOVAL OF UNWANTED EQUIPMENT

cc: Personnel File