



## Request for Temporary Removal of State Movable Property Faculty and Staff

Budget Unit Department Title: \_\_\_\_\_

LPAA Account Index: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Fill out the necessary information below and acquire the necessary signatures. You will be notified if you are requesting to remove equipment that is not under your departmental control. This form should be forwarded to Property Control for review and approval. Once approved, a copy will be forwarded to you.

Purpose of off-campus use: \_\_\_\_\_

Dates equipment is to be used: From: \_\_\_\_\_ To: \_\_\_\_\_

Off Campus Location of Property: \_\_\_\_\_  
\_\_\_\_\_

Item Description	Tag No.	Serial No.	Value

I request that I be allowed to remove state movable property from its current operation location. I understand that I shall be responsible for the equipment while in my care. I also certify that said property will be utilized for university related business ONLY. **The University will enforce LAC 34:VII.305E, which states that each person to whom property is entrusted shall be liable for the payment of damages or replacement cost whenever his/her wrongful or grossly negligent act or omission causes any loss, theft, disappearance, damage to or destruction of property. By signing this form the Employee also authorizes the University to withhold payment from his/her paycheck to cover any equipment damage or replacement costs that may occur.**

\_\_\_\_\_  
Employee – Print Name \_\_\_\_\_  
CWID

\_\_\_\_\_  
Employee’s Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Appropriate Vice President’s Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Property Custodian’s Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Property Control Manager’s Signature \_\_\_\_\_  
Date