

**PROPERTY CONTROL  
TEMPORARY REMOVAL OF PROPERTY REQUEST**

University property may be temporarily removed from University premises when it is determined by the fiscal agent and dean or director that such removal will advance the University programs or activities of that unit.

**Equipment Description** \_\_\_\_\_ **Model Number** \_\_\_\_\_ **Serial Number** \_\_\_\_\_ **EIU Tag Number** \_\_\_\_\_

**Equipment Location on Campus:**

Building \_\_\_\_\_ Room Number \_\_\_\_\_ Dept. \_\_\_\_\_

**Temporary Removal Duration (time and date):**

**Individual to be in Possession of Equipment:**

**Location of Equipment when Removed from Campus:**

**Person Removing Property:**

I certify that the property will be used exclusively for university-related business or activities and agree to assume responsibility for the equipment during the time the property is removed. I understand that I shall be liable for any losses, damage or destruction, or impairment of function or useful life of the property that may result due to negligence or carelessness. **I agree to be billed on my student account for the replacement cost of \_\_\_\_\_ (equipment item) if not returned in good working condition to the department by \_\_\_\_\_ (student) by \_\_\_\_\_ (date).**

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approvals:**

\_\_\_\_\_  
Fiscal Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date

If removal is longer than one month:

\_\_\_\_\_  
Vice President for Business Affairs

\_\_\_\_\_  
Date

\*\*\*\*\*  
Property returned (time, date): \_\_\_\_\_

Acknowledgement of return:

\_\_\_\_\_  
Fiscal Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date