

**THE UNIVERSITY OF MICHIGAN – FLINT**  
College of Arts and Sciences

**REQUEST FOR REMOVAL AND USE OF UNIVERSITY EQUIPMENT**

In accordance with University policy, faculty and staff members must receive authorization to remove University equipment from University buildings. This authorization must be received from the department head that is of higher administrative authority than the requester. When properly completed, this request authorizes the removal and use of the equipment as specified below:

**Equipment To Be Removed:**

Name: _____	Name: _____
Model: _____	Model: _____
Serial No.: _____	Serial No.: _____
Equipment Tag No.: _____	Equipment Tag No.: _____
Location: _____	Location: _____
Replacement Cost: _____	Replacement Cost: _____

**Equipment Use:**

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
Location: \_\_\_\_\_  
Period (Not To Exceed One Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Check here if equipment will be carried back and forth during the period of use.

**Agreement By Requester:**

I hereby request authorization to remove and use the equipment as specified above. I agree that the equipment is my full responsibility until returned, and that I will provide reasonable care and security, and return it by the stated date.

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authorization To Remove and Use Equipment:**

This request hereby approved in accordance with Standard Practice Guide #518.2

Chair Approval:  
Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Building: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Dean Approval:  
Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Equipment Return:**

I hereby acknowledge the return of the above described equipment in satisfactory condition:

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed Name: \_\_\_\_\_  
Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed Name: \_\_\_\_\_

**Copies Should Be Sent To:**

Dean of the College  
Department Chair  
Facilities & Operations' Inventory Coordinator  
Faculty or staff member requesting equipment removal

Revised: 06/05/02