LOUISIANA STATE UNIVERSITY IN SHREVEPORT

REQUEST FOR TEMPORARY REMOVAL OF STATE MOVABLE PROPERTY

|  |
| --- |
|  |

Department Name:

|  |
| --- |
|  |

Workday Cost Center:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Instructions: Fill out the necessary information above the dotted line. Acquire necessary Department Head signature. The original form should then be forwarded to Property Control and a copy attached to the departmental copy of inventory and held by the department property custodian in the event of an audit**.

I request that I be allowed to remove state movable property from its current operating location(s), and 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Name - Printed) (Date Signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Signature)

|  |
| --- |
|  |

|  |
| --- |
|  |

Date Required: Estimated Date of Return:

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM/**  **DESCRIPTION** | **ASSET TAG #** | **CURRENT LOCATION** | **REQUESTED LOCATION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Academic Departments:**

Department Head approval required (up to 30 calendar days in fiscal year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean approval required (up to 180 calendar days in fiscal year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor approval required (over 180 calendar days in fiscal year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non Academic Departments:**

Department Head approval required (up to 30 calendar days in fiscal year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor approval required (over 30 calendar days in fiscal year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Property Custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received by Property Control Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The aforementioned property has been returned to the proper location(s) as of this date:

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Property Custodian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Updated 11/10/16*