



### Off-Campus Use of Equipment Agreement

EMPLOYEE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ OFFICE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

The following equipment (Property of Northeastern Illinois University) has been assigned to me for use during my employment at NEIU. I understand and agree that I am financially responsible for this equipment while in my possession and will return the equipment to the University when it is no longer needed or when I leave employment at the University. I also agree to use this equipment for University business only, and will not use it for any use in violation of state or University policies. I understand that this agreement grants me the privilege to use the listed equipment off campus.

Description Of Equipment To Be Taken Off Campus	Serial No(s) Of Equipment	State ID Tag No.	Date Assigned	Date Returned

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF FISCAL AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

#### INSTRUCTIONS FOR COMPLETING FORM:

1. Complete all requested information.
2. Keep completed Form in Department and send white (top copy) to Property Control. Form may be filled out and filed electronically as found in the "FORMS" section of the Controller's Office.
3. Upon return of equipment to the University, complete the date returned and the signatures and send a completed form to Property Control.
4. Upon any changes regarding information in this agreement, Property Control must be contacted and changes made in accordance with Property Control procedures.
5. It is the responsibility of the fiscal agent to either reassign this equipment in accordance with the procedures outlined in this agreement, or return the equipment to Property Control with a Property Control Change form.

**Property which may be used off campus is defined as University equipment used in conjunction to enhance the academic mission of the university and not for the personal use of employees or others outside of the University. All equipment which is "Off-Campus" during the annual audit must be reported as "Off-Campus."**

The equipment listed above has been returned to the above department.

DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_ FISCAL AGENT: \_\_\_\_\_

PROPERTY CONTROL USE:

DATE RECEIVED: \_\_\_\_\_ RECONCILED WITH SYSTEM: \_\_\_\_\_