

Date _____

To: Office of Property Administration <property@fit.edu>

From _____

Subject: Authorization To Use Capital Assets Off-Site/Remote Research Site

I am authorized to take the following Florida Tech capital equipment to my residence/off-site location for use in conducting business/research for Florida Tech as outlined below.

Name _____

Department _____

Authorizing Department Head _____

Off-campus Designated Site Address _____

City _____ State _____ ZIP _____

Research Grant # (if applicable) _____

Research Grant Name (if applicable) _____

I understand and acknowledge that all of the equipment listed below is the property of Florida Tech and agree that I will immediately return the equipment upon request of the above-named supervisor, university officials, or upon termination of my employment with Florida Tech. I will support asset inventory by providing notice of the whereabouts of the asset for proper inventory measures by the university.

Signature _____ Date _____

Equipment Control # _____

Reason for Off-site/Remote Use

Asset Description

Asset Serial and Model Numbers

Asset Description	Asset Serial and Model Numbers

To be returned on or before _____ (Date)