

UC DAVIS NUTRITION DEPARTMENT

Movement of University

Property Authorization form

INSTRUCTIONS: Departments complete the form and provide it to the person moving or removing property. Original form goes to user to keep with equipment (**copy to department MSO, department IT Office, and individual's supervisor/P.I.** – if supervisor is not P.I., also give copy to P.I.).

DATE: _____

DEPARTMENT: Nutrition

PHONE: 530-752-4645

TO WHOM IT MAY CONCERN:

_____ supervised by _____
Name(s) of INDIVIDUAL(S) Name of SUPERVISOR

is authorized to [] move [] remove the following University property:

Description of item(s): _____

Purchase Order # (if available): _____

P.I./ Faculty in charge: _____

UC property number(s): _____

Manufacturer's serial number(s): _____

This authorization is valid for movement or removal of the above described property under the following conditions:

Move/removal date and time: _____

Scheduled return date: _____

(note that all mobile/off site systems are called back to the department March of each year for a routine annual security check at which point a new form can be generated for the user authorizing them to move the equipment off site for additional time should that still be necessary)

Location from which property is moved/removed: _____

Location to which property will be moved: _____

THIS SECTION TO BE COMPLETED BY USER

I authorize that this University property will only be used by the following UC Davis Nutrition Department employee(s) _____ for University business and no other individuals will use the property.

User signature affirming the above is accurate: _____ Date: _____

AUTHORIZED BY:

Department Head (Print Name)

Signature

Date

UC DAVIS NUTRITION DEPARTMENT Property Return Check-in Sheet

This form is to be filled out by an authorized UC Davis Nutrition Department official to affirm that the University property described on reverse has been returned to the UC Davis Nutrition Department (copy to user, department MSO, department IT office, and individual's supervisor). Note that individual other than the user or Dept. I.T. staff should check the equipment in.

_____ supervised by _____
Name(s) of INDIVIDUAL(S) Name of SUPERVISOR

has returned the following University property:

Description of item(s): _____
Purchase Order # (if available): _____
UC property number(s): _____
Manufacturer's serial number(s): _____

Return Date/Time: _____

Location Equipment Returned to: _____

Checked in by:

Print Name

Signature

Date

(signature affirms that equipment was returned to Nutrition Department and viewed by individual)

THIS SECTION TO BE FILLED IN BY DEPARTMENT I.T. STAFF

Describe state of equipment (describe any relevant information about status of equipment such as damage, change in functionality from when it was checked out, missing parts, etc):

Describe immediate action for equipment (move to storage (indicate room), salvage through Bargain Barn, etc):

Notes:

IT Staff (Print Name)

Signature

Date

(signature affirms that above is accurate)