Movement of University Property Authorization Form

INSTRUCTIONS: Departments complete the form and provide it to the individual moving or removing property. Original form goes to user to keep with equipment (copy to CAO, IT Office, and individual’s supervisor).

DATE: ___________ DEPARTMENT:  [  ] Ansci  [  ] Nutr  [  ] Food Chain

TO WHOM IT MAY CONCERN:

____________________________________  supervised by  ______________________________
Name of INDIVIDUAL Name of SUPERVISOR

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

Description of item(s):__________________________________________________________________
____________________________________________________________________________________

PO # (if available): ________________________   P.I./ Faculty in charge: ________________________
Serial #:__________________________________ UCD property number(s):______________________

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

MOVE/REMOVAL date (on or after): _________________

Scheduled RETURN date:
[  ] Specific Date:  _________________
[  ] End of UCD employment or department request

Location FROM which property is moved/removed:
[  ] Meyer Hall
[  ] Other Location:  ________________________________________________________________

Location TO which property will be moved:
[  ] Any off-site location (use for laptops, tablets, etc.)
[  ] Specific Location:  ______________________________________________________________

AUTHORIZED BY:

__________________________________________________________
Department Head (Print Name)  Signature  Date
Property Return Check-in Sheet

This form is to be filled out by an authorized UC Davis Food Chain Cluster official to affirm that the University property described on reverse has been returned to UC Davis (copy to user, CAO, department IT office, and individual’s supervisor).

Return Date: ___________________

Location equipment returned to: ___________________________________________________

____________________________________ supervised by ______________________________

Name of INDIVIDUAL supervised by Name of SUPERVISOR

has returned the following University property:

Description of item(s):______________________________________________________________

PO # (if available): __________________________ P.I./ Faculty in charge: ______________________
Serial #:____________________________________ UCD property number(s):____________________

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 Aggie Surplus, etc):

____________________________________________________________________________________

Checked in by:

_______________________________      __________________________________________________________

Print Name         Signature       Date

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