



Finance & Administrative Services
Property Management

REQUEST FOR OFF-CAMPUS/HOME STORAGE OF EQUIPMENT (PER BOP 4-2)

PLEASE PRINT OR TYPE INFORMATION-All Information Is Required

Department: _____ Account Number: _____

Date: _____ Purpose: _____

	Item Description	LSU Inventory # & Serial #
1.	_____	_____
2.	_____	_____
3.	_____	_____

Name of Person with Custody: _____

Signature of Person with Custody: _____

Position (Faculty, Staff or Student): _____

Residential Address: _____

City: _____ State or Country: _____ Zip Code: _____

Electronic Mail Address: _____

Home or Cell Telephone Number: (_____) _____

Removal Date: (MONTH/DATE/YEAR) _____

Return Date: (MONTH/DATE/YEAR) _____

Approval Signatures:

Dept. Property Custodian _____ Date _____

Department Head /Chair _____ Date _____

LSU Property Manager (or designee) _____ Date _____

Comments: Please notify Prop. Mgmt when the equipment is returned by completing an EIAR form-Thank You