



Finance & Administrative Services
Property Management

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PLEASE PRINT OR TYPE INFORMATION-ALL INFORMATION IS REQUIRED

Department: _____ Cost Center: _____

Date: _____ Purpose: _____

Durati _____

p to University (Faculty, Staff or Student):

_____ Title of Person Responsible (if applicable) _____

Address where assets will be located: _____

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

Email: _____ Phone Number: _____

Removal Date: (MM/DD/YYYY) _____

Return Date (if short-term): (MM/DD/YYYY) _____

When obtaining approval for off campus use of university property, the employee agrees to the conditions listed below:

- To immediately report stolen off-campus property to the appropriate law enforcement agency, and to property@lsu.edu.
- To be responsible for loss or damage to property from negligence or unauthorized use.
- To use property only for university activities.
- To provide a timely response for annual inventory, and any other inquiries from the departmental Asset Custodian and/or Property Management.
- To return property on the earliest of the following: completion of project, due date, termination of employment, or upon request.
- To comply with PS6.20 ~~##~~ policy.

Approval Signatures

Department Head /Chair _____ Date _____

Asset Custodian _____ Date _____

LSU Property Manager (or designee) _____ Date _____