

UNIVERSITY OF KENTUCKY  
ACCOUNTING AND FINANCIAL REPORTING SERVICES  
CAPITAL ASSETS ACCOUNTING

Phone: (859) 257-5046

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## OFF-CAMPUS EQUIPMENT REPORT

### REQUEST FOR AUTHORIZATION TO TEMPORARILY REMOVE EQUIPMENT FROM UNIVERSITY PREMISES

*University of Kentucky policy sets responsibility for maintaining the official record of capital equipment in the office of University Financial Services and each University department is charged with responsibility for implementing internal controls designed to safeguard their capital equipment.*

*In keeping with this policy, capital equipment may not be permanently removed from University owned premises. However, capital equipment may be temporarily removed upon written justification, proper approval, and notification of University Financial Services.*

**INSTRUCTIONS:**

Use this form to request authority to temporarily remove capital equipment from University owned premises and to notify University Financial Services. (Areas shaded in gray are for data entry use only.)

DEPT NUMBER \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

	PROPERTY NUMBER	DATE	DESCRIPTION	SERIAL NUMBER	
1 - 5	6 - 12	13 - 17			70 - 75
EQUC2					OFFCMP
EQUC2					OFFCMP
EQUC2					OFFCMP
EQUC2					OFFCMP

**TEMPORARY LOCATION:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

JUSTIFICATION: (Include the specific dates of the period the equipment will be located off University premises.)

  
  
  

I accept full responsibility for the security and proper utilization of this equipment while at this temporary location.

\_\_\_\_\_  
Print name of employee making request

\_\_\_\_\_  
Signature of employee making request

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, Director, or Department Head

Date Equipment Returned: \_\_\_\_\_

Receiving Official: \_\_\_\_\_  
Dean, Director, or Department Head