



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