



EASTERN WASHINGTON UNIVERSITY
INVENTORY CONTROL
PROPERTY REMOVAL AUTHORIZATION FORM

This form is to authorize the use of EWU equipment at an off campus location. Keep the original copy for your records and send a copy to Inventory Control to update your inventory.

| | | | |
|------------|-----------------------|-----------------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| Tag Number | Equipment Description | Expected Removal Date | Expected Return Date |

| | | |
|--------------|-----------|------------|
| _____ | _____ | _____ |
| Manufacturer | Model No. | Serial No. |

Intended Use _____

Address where equipment will be used _____

Person responsible for equipment _____
(Please Print)

Signature _____

Date _____

I hereby authorize the removal and use of university equipment at the above location:

Name of department/program _____

Name of chair or director _____

Signature _____

Date _____

Actual Return Date _____