SOUTHERN UNIVERSITY PROPERTY CUSTODY RECEIPT

This form should be completed when university property is taken off campus for use.

Prior to removal of the property, this form must be completed, and the original copy forwarded to the Property Management Department after a photocopy of the completed form has been made. Upon return of the property, the photocopy of the original form should be updated with the department head/director's signature indicating its return, and forwarded to the Property Management Department. The custodial department should retain photocopies of the complete documentation for their file.

| Department Name | Date |
| :--- | :--- |

I, the undersigned, request authorization to remove from the campus of Southern University, the equipment referenced below, and further certify that:

1) The purpose of the removal constitutes official business of the university;
2) I accept complete financial responsibility for the property during the removal period;
3) The equipment will be protected from unauthorized use, access, alteration or destruction;
4) Any sensitive or confidential data stored on this equipment will be appropriately secured;
5) The property will only be used at the location indicated below.

| The property will be used at the following location (complete street and mailing address) |  |  |  |
| :---: | :---: | :---: | :---: |
| Inventory Tag \# | Property Description | Serial Number |  |
|  |  |  |  |
|  |  |  |  |


| Employee Name (printed) | Title | Employee ID Number |
| :--- | :--- | :--- |
| Employee Signature |  | Date |
|  |  |  |

Where agency property is lost, stolen, deteriorated, damaged or destroyed as a result of an intentional wrongful act or a negligent act of any state employee, such person shall be financially liable to the University for the loss sustained.

## Approval

| Printed Name of Department Head/Director | Signature of Department Head/Director | Date |
| :--- | :--- | :--- |

## Property Custody Return Receipt

| Signature of Department Head/Director | Date |
| :--- | :--- |

