

OFF CAMPUS USE OF EQUIPMENT AGREEMENT

"Owning Department" agrees, for the benefit of the University, to allow off campus use of

_____ College, Division or Department

equipment by _____ "User". The equipment described below will be used for official
Name

University business and/or academic activity. If the equipment is not primarily housed at the user's residence, it will be at the following off campus location:

Street Address : _____

DO NOT COMPLETE THE ADDRESS SECTION IF IT IS THE USER'S RESIDENCE

City: _____ State: _____ Zip Code: _____

The equipment will be located off campus beginning:

_____ and ending _____
Month Day Year Month Day Year

(Not to be more than three (3) years)

Lost Equipment: The Owning Department acknowledges that it shall remain the responsible party for any lost equipment authorized for off campus use. The User must immediately notify the Owning Department Inventory Coordinator and the Department of Material Management (ext. 40288 or daddison@mail.sdsu.edu) of any lost equipment. In addition, an IT Security Office Lost Computer Inventory Form must be filed with the Department of Public Safety within 48 hours if the lost property is a computer.

The User will be required to allow Material Management to physically inspect the equipment as part of the periodic inventory process. Said equipment is subject to immediate return at the request of the University. Transportation costs, if any, shall be the responsibility of the Owning Department.

PROPERTY IDENTIFICATION (to be completed by Departmental Inventory Coordinator)

| Oracle Asset Number | SDSU E-Tag No. | Description | Wired MAC No. | Wireless MAC No. | Mobile Devices MEID or IMEI No. | Serial Number |
|------------------------|-------------------|-------------|---------------|------------------|------------------------------------|---------------|
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Approvals

User's Red ID: _____

User's Signature: _____ Date: _____

Cost Center Manager: _____ Date: _____

Departmental
Inventory Coordinator _____ Date: _____ Mail Code _____ Ext: _____

Material Management Property Administrator _____ Date: _____

(Please return form to Material Management at Mail Code 8500 for final approval and attachment to campus asset records.)