

# Equipment Entrustee Form



THE UNIVERSITY of  
NEW ORLEANS

All University of New Orleans moveable equipment entrusted to employees for off-campus uses (including all notebook computers) shall be reported to Property Control to be in compliance with State Property Control Rules and Regulations.

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

To: **Property Control**

From: \_\_\_\_\_  
Entrustee name and department

**The entrustee is responsible for providing a signed copy of this form to the Departmental Equipment Custodian and Property Control. pcm@uno.edu (f) 280-5469**

The following moveable equipment is in the possession of the signed recipient who is responsible for its safekeeping until returned to the Departmental Equipment Custodian. If lost, stolen, damaged or transferred to another individual, Property Control and the Departmental Equipment Custodian must be notified.

Location of equipment: \_\_\_\_\_aaa\_\_\_\_\_aaa\_\_\_\_\_aaaaaaa\_\_\_\_\_aaaaaaa\_\_\_\_\_aaaaaaaaaaaaaaaaaaaaa\_\_\_\_\_

Purpose (only work related allowed): \_\_\_\_\_

UNO Tag Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_aa\_\_\_\_\_ Description: \_\_\_\_\_  
(For Dell, use service tag#)

\_\_\_\_\_  
Signature of Department Chair/Director or immediate supervisor      Entrustee Signature      Entrustee E-mail address

\_\_\_\_\_  
Chair/Director/Supervisor printed name      Entrustee printed name      Entrustee phone number

**\*\*By signing this form the Entrustee acknowledges reading AP-BA-29.2. The Equipment Entrustee is responsible for the safeguarding of each notebook computer assigned to him/her until the notebook computer is returned to the Departmental Equipment Custodian. Equipment Entrustees must take reasonable precautions to protect the notebook computer(s) entrusted to them.**

## RETURN RECEIPT

The above moveable equipment has been returned in good condition to the Departmental Equipment Custodian. For notebook computers the Departmental Equipment Custodian is by default the new Entrustee until assigned to another Entrustee. A new Equipment Entrustee form is required in the interim. For equipment other than notebook computers please indicate the building and room number of its current location.

\_\_\_\_\_  
Signature of Department Chair/Director or immediate supervisor      Signature of Returnee

\_\_\_\_\_  
Chair/Director/Supervisor printed name      Returnee printed name

\_\_\_\_\_  
Location of equipment (other than a notebook)      Date