Equipment Entrustee Form

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: _________________________________________

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: _________________________

Purpose (only work related allowed):_____________________________________________________________________

UNO Tag Number:___________   Serial Number:______
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