

**OHIO UNIVERSITY - EQUIPMENT INVENTORY OFFICE - FORM EI-9
REQUEST TO TAKE EQUIPMENT OFF CAMPUS**

Ohio University Tag #	Equipment Description	Serial #

Location at which equipment is to be used (i.e., Home Address)

Removal Date

Expected Return date

By signing this document, I certify that the equipment above is being utilized for the purposes of The Ohio University and that I will take reasonable precautions to ensure its safety.

Print Name of Borrower

Signature of Borrower

Print Name of Department Chair
or Administrative Officer

Signature of Department Chair
or Administrative Officer

Department Name

Return Receipt:

I, the undersigned, hereby acknowledge receipt of the above stated item in:

Satisfactory Condition

Damaged Condition as noted: _____

Print Name of Receiver

Signature of Receiver

Signature of Borrower

Date

Location of Equipment (Bldg and Room): _____

One item per form. Original to be kept in Department's file.

Copy must go to Equipment Inventory Department upon agreement and upon return receipt of equipment.