SUNY ESF
TEMPORARY LOAN OF EQUIPMENT ANNUAL REVIEW

It is the policy of the SUNY Property Control System that all state owned and Research Foundation equipment be locatable at all times. *The primary purpose of College owned or controlled assets is to support the College Mission. Loans will be permitted only when such action supports a Mission goal or objective.*

If equipment is temporarily located OFF CAMPUS, the following MUST be completed and returned to the Property Control Office. The temporary assignee is responsible for any damage and/or loss while the item(s) is/are located off campus. **Please include a justification for loaned equipment beyond 1 year, including how this loan supports the college mission.**

Yearly, the item(s) located off campus is/are reviewed via this form. Please indicate, in the designated area below, the current location of the item(s) in which you have been give permission to utilize off campus.

**ASSET INFORMATION**

DECAL #: ______________________  ITEM DESCRIPTION: ____________________________

MODEL: ______________ MANUFACTURER: __________________ SERIAL #: ________________

Temporary Location: __________________________________________ Item Condition: __________
(Complete address of temporary location)

Planned Return Date: __________________________ (Attach Justification supporting college mission)

**TEMPORARY ASSIGNEE INFORMATION  (Please print)**

Name: ___________________________ Department: __________________________

Campus Address: ________________ Campus Phone: ________________

For Annual review, PLEASE CHECK ONE OF THE FOLLOWING:

☐ YES, the item is still in my possession off campus at the location listed above.
☐ NO, the item is no longer in my possession off campus and was returned to (responsible party on campus NAME) __________________________ on (date) __________________________.

**I understand that any damage to or loss of equipment borrowed by me will be my personal responsibility by reimbursement/replacement.**

**Signed: __________________________ Dated: __________________________

(Assignee)

Approved: ____________________ Signed: __________________

(Dept. Chair) (Please print) (Department Chair)

Approved: ____________________ Signed: __________________

(CFO & VP for Administration) (Please print) (CFO & VP for Administration)

All signatures above are REQUIRED

Upon return of the equipment, the department shall advise Property Control via memo or e-mail at the following addresses:
Property Control Office, 102 BrayHall; dsnyder@esf.edu

DISTRIBUTION
Original: Property Control
Copies: Retained by Assignee Department