

To: Dr. Hal Tharp, Associate Department Head, ECE

From:

Subject: RELOCATION OF ECE EQUIPMENT OUTSIDE OF ECE

As per FRS Policy 15.33(6a), I need authorization to take the indicated equipment out of the ECE building.

This equipment will be used by: _____ and will be located at:

(Name of person using equipment if not yourself)

(Address)

(City)

(State)

(Zip Code)

Phone #

THIS EQUIPMENT WILL ONLY BE USED FOR OFFICIAL UNIVERSITY BUSINESS.

Signed: _____

(Must be an ECE Faculty or Staff Member)

E-Mail Address: _____

EQUIPMENT INFORMATION:

(Description)

(Model)

(Serial Number)

(Manufacturer)

(A/N Tag)

(ECE Tag)

Returned to Room: _____

Date: _____

PURPOSE: To Perform University Related Work at Another Location

Must be signed by: _____

Josie Ruiz Stock/Inventory

I authorize you to take the aforementioned equipment to the location indicated.

Dr. Hal Tharp, Professor and Associate Department Head