



Property Management Office

Off-Campus Equipment Verification Worksheet

Custodian Information

Printed Name _____ Phone Number _____

Title _____ Email _____

Department _____ On-Campus Location _____

Signature _____ Date _____

Off-Campus Asset User

Printed Name _____ Phone Number _____

Department _____ Email _____

Off-Campus Location/Address (No PO Box) Include zip code:

Is this a private residence? _____ Relationship to Custodian _____

Asset Information *(if multiple assets at same location, use secondary sheet)*

SU ID Tag Number _____ Manufacturer _____

Model Number _____ Description _____

Serial Number _____ Asset returned to campus? (Y/N) _____

Initial Form Created

Date _____ DPA Initials _____ Status & Condition _____

1st Annual Verification Performed

Date _____ DPA Initials _____ Status & Condition _____

2nd Annual Verification Performed

Date _____ DPA Initials _____ Status & Condition _____



Property Management Office

Off-Campus Equipment Verification Worksheet (cont.)

Custodian Name _____ **Date** _____

Asset Information

SU ID Tag Number _____ Manufacturer _____

Model Number _____ Description _____

Serial Number _____ Asset returned to campus? (Y/N) _____

Asset Information

SU ID Tag Number _____ Manufacturer _____

Model Number _____ Description _____

Serial Number _____ Asset returned to campus? (Y/N) _____

Asset Information

SU ID Tag Number _____ Manufacturer _____

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