



## Temporary Loan of Equipment Annual Review

It is the policy of the SUNY (State University of New York) Property Control System that all state-owned and Research Foundation equipment be always located. **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 given 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)



## Office of Business Affairs

Approved: \_\_\_\_\_  
(Dept. Chair) (Please print)

Signed: \_\_\_\_\_  
(Department Chair)

Approved: \_\_\_\_\_  
(CFO & VP for Administration) (Please print)

Signed: \_\_\_\_\_  
(CFO & VP of Administration)

***All signatures above are REQUIRED***

**Upon turn of the equipment,** the department shall advise Property Control via memo at the following address:  
Property Control Office, 101 Bray Hall

**DISTRIBUTION**

**Original:** Property Control

**Control:** Retained by Assignee