

Equipment Entrustee Form



All University of New Orleans moveable equipment entrusted to employees for off-campus uses (including all notebook computers) shall be reported to Property Control to be in compliance with State Property Control Rules and Regulations.

Date: _____

To: **Property Control**

From: _____
Entrustee name and department

The entrustee is responsible for providing a signed copy of this form to the Departmental Equipment Custodian and Property Control. pcm@uno.edu (f) 280-5469

The following moveable equipment is in the possession of the signed recipient who is responsible for its safekeeping until returned to the Departmental Equipment Custodian. If lost, stolen, damaged or transferred to another individual, Property Control and the Departmental Equipment Custodian must be notified.

Location of equipment: _____aaa_____aaa_____aaaaaaa_____aaaaaaa_____aaaaaaaaaaaaaaaaaaaa_____

Purpose (only work related allowed): _____

UNO Tag Number: _____ Serial Number: _____aa_____ Description: _____
(For Dell, use service tag#)

_____	_____	_____
Employee ID	Entrustee Signature	Entrustee E-mail address
_____		_____
Entrustee printed name		Entrustee phone number

****By signing this form the Entrustee acknowledges reading AP-BA-29.2. The Equipment Entrustee is responsible for the safeguarding of each notebook computer assigned to him/her until the notebook computer is returned to the Departmental Equipment Custodian. Equipment Entrustees must take reasonable precautions to protect the notebook computer(s) entrusted to them.**

RETURN RECEIPT

The above moveable equipment has been returned in good condition to the Departmental Equipment Custodian. For notebook computers the Departmental Equipment Custodian is by default the new Entrustee until assigned to another Entrustee. A new Equipment Entrustee form is required in the interim. For equipment other than notebook computers please indicate the building and room number of its current location.

_____	_____
Signature of Department Chair/Director or immediate supervisor	Signature of Returnee
_____	_____
Chair/Director/Supervisor printed name	Returnee printed name
_____	_____
Location of equipment (other than a notebook)	Date