Permission Requested By: ____________________________  Name: ____________________________  Date: ____________________________

______________________________  Title: ____________________________  Department: ____________________________

Asset Description: __________________________________________

A & T Inventory Identification Number: ____________________________

Location from which Asset is to be removed: ____________________________

Location to which Asset is to be moved: ____________________________

Period Covered: ____________________________  From: ____________________________  To: ____________________________

Describe business for which permission is requested:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

[ ] Approved  [ ] Denied

______________________________  Date: ____________________________

Department Head

This form must be submitted to the Property Management Office prior to the removal of any University Equipment.

Property Management
1032 E. Lindsay Street
Telephone: 336-334-7680, Fax: 336-334-7681

Note:

No property may be removed from the University without approval from the Department Head. Removal ofproperty without following proper procedures may result in prosecution for misappropriation of State Property and/or larceny.