

# FLORIDA INTERNATIONAL UNIVERSITY / PROPERTY CONTROL

## I. AUTHORITY FOR UNIVERSITY PROPERTY TO BE USED OFF-CAMPUS

Permission is requested to use the following listed equipment off-campus valued at \$5,000.00 or more.

FIU Tag No.	Description	Serial No.	Value	Activity Nbr/Project ID
1. 4980- _____	_____	_____	_____	_____
2. 4980- _____	_____	_____	_____	_____
3. 4980- _____	_____	_____	_____	_____
4. 4980- _____	_____	_____	_____	_____
5. 4980- _____	_____	_____	_____	_____

(If necessary, attach an additional sheet)

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street address

City State Zip Code

Period of use: from \_\_\_\_\_ to 06/30/2022

1. I certify that the equipment listed above will be used for an official university purpose and will be returned to the University as soon as the project is completed.
2. I hereby acknowledge the receipt of the above listed property and am aware of the responsibility for its care and return. **See below for notification of returned property.**

_____	_____	_____ @fiu.edu
Date	Signature of Requestor	E-mail address
_____	_____	_____
Department Name	Name (print)	Panther ID Title

Check one:     USPS     Faculty     A&P     Other (explain) \_\_\_\_\_

Equipment listed herein is the property of the Florida International University under the provisions of Fla. BOG Reg. 9.002. Damage or loss of this property must be immediately reported to the Accountable Officer who is the custodian for this property. Personal liability may be assessed if gross negligence or lack of due care is proven in the use of this equipment.

## II. AUTHORIZATION

**Permission is hereby granted to the person listed above for the OFF- Campus use of the equipment herein requested for the time period indicated above**

_____	_____	_____ @fiu.edu
Date	Signature of Expense Manager/Project Manager	E-mail address
_____	_____	_____
Department Name	Name (print)	Panther ID Title

## III. NOTIFICATION OF RETURNED PROPERTY

**I hereby certify that all the property listed has been returned in satisfactory condition to the following location**

_____	_____	_____	_____	_____
Date	Building location	Received by	Panther ID	Phone

Return completed form to:  
 PROPERTY CONTROL  
 MODESTO MAIDIQUE CAMPUS, CSC-345  
 Office: (305) 348-2167 Fax: (305) 348-1936  
 Email: [property@fiu.edu](mailto:property@fiu.edu)