

Property Removal Request
Form 1055

Date: _____

To: _____
(Dean/Dept.Head)

(School/Dept. Name)

Re: Removal of state owned property from premises.

_____ requests permission to remove state-owned
property, inventory control number _____, described as
_____ from the University premises for legitimate
University business, which is _____
(Describe Business)

_____. The Equipment will be in
the custody of _____ From / / until
(Date taken)

 / / , and will be located at _____
(Date returned)

during that time period.

Signed: _____

Department Name _____

Title _____

Department Head Signature: _____ Date _____