EDINBORO UNIVERSITY OF PENNSYLVANIA

EQUIPMENT REMOVAL-Policy No. C044

Recommended for Approval By Richard E. Morley, Vice President for Financial Operations

Approved By Foster F. Diebold, President on July 10, 1993

Review Date: As Required

INTENT

To establish an equipment removal policy for the University. This policy is designed to provide a mechanism for the temporary removal of fixed assets from the campus property for University related purposes.

POLICY

It is the policy of Edinboro University of Pennsylvania that all University owned equipment can only be removed from campus for University related purposes and must have the expressed written authorization of the appropriate supervisor, Dean (if applicable) and Vice President. Those whose requests are approved must return the equipment by the date stipulated or receive a written extension.

PROCEDURES

An official form (attached), "Equipment Removal" is used to request authorization which requires information such as anticipated period of use and rationale. The form is then sent to the direct supervisor of the requester, who, upon their approval, forwards it to the appropriate Dean (if applicable) and Vice President for final approval. Once approved, the Vice President will send the form to the Accounting Office to be filed for access in the event of an audit.

attachment
**Equipment Removal**

The requester is required to read and fully comply with the policy "Equipment Removal" which governs the use of this form.

Name _____________________________ Date _________ Phone _______________

Department _______________________________ Cost Center ___________________

Dates of Use: From _______________ To _______________

Equipment Requested (include EUP asset tag numbers): **Vendor**, **Model**, **Tag #**, **Current Location**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Software Installed on System: (if computer equipment)

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______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Requested Location (address)

______________________________________________________________________

Rationale:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
Requester Signature _____________________________________________________

First Level Supervisor Signature ____________________________________________

Dean/Director Signature __________________________________________________

*Vice President Signature _________________________________________________

*Sends copy of completed and signed form to the Accounting Department