

LOUISIANA STATE UNIVERSITY
OFFICE OF PROPERTY MANAGEMENT

REQUEST FOR OFF-CAMPUS/HOME STORAGE
OF EQUIPMENT (PER BOP 4-2)

PLEASE PRINT OR TYPE INFORMATION

Department _____ Account Number _____

Date _____ Purpose _____

	<u>ITEM(S)</u>	<u>LSU INV. NBR(S) & SERIAL NBR(S)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Name of Person with Custody: _____

Signature of Person with Custody: _____

Address: _____

City: _____

State or Country: _____ Zip Code: _____

Electronic Mail Address: _____

Telephone Number: (____) _____

Removal Date: (MONTH/DATE/YEAR) _____

Return Date: (MONTH/DATE/YEAR) _____

Approval Signatures:

Department Head

Property Manager

Comments: _____
