

GOVERNORS STATE UNIVERSITY

ASSET POSSESSION FORM

DATE: _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CAMPUS EXTENSION: _____

COLLEGE DEPARTMENT/UNIT: _____

I agree to abide by the university guidelines for checking out Governors State University equipment. I understand that I may be required to verify my identity when equipment is in my possession. I understand that I am responsible for the equipment while it is in my possession and agree to accept responsibility for the equipment should it be lost, stolen or damaged due to my misuse or negligence. This responsibility may include payment or replacement cost if equipment is lost, stolen or damaged. At the end of employment or contract with the university all equipment must be returned, and documented.

Upon request, I will deliver this equipment to campus for audit and inspection in a timely manner.

This form is effective from the date written above until further written notice is received by procurement staff.

SIGNATURE OF BORROWER

DATE

DEAN/UNIT HEAD

DATE

DEPARTMENT LOCATION

GL ACCOUNT NUMBER

From date (mm/dd/yy) _____ to date (mm/dd/yy) _____

<u>GSU TAG NUMBER</u>	<u>DESCRIPTION</u>	<u>SERIAL NUMBER</u>

FAX THIS FORM TO RECEIVING & DISTRIBUTION AT 708-534-6983.