



UNIVERSITY  
OF MANITOBA

Financial Services

Capital Asset Management  
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**EQUIPMENT OFF-SITE LOCATION RECORD**

(If taken off-site from either Ft Garry or Bannatyne Campuses)

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A) UM Property #(s):** \_\_\_\_\_ **Serial #((s))** \_\_\_\_\_

**B) Detailed description of equipment:**  
\_\_\_\_\_  
\_\_\_\_\_

**C) Name of staff member using the equipment:**  
\_\_\_\_\_

**C) Off-Site Location of Equipment (must provide home address):**  
\_\_\_\_\_

**D) Reason for taking the equipment off-site:**  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement:**

This equipment is University-owned equipment and must be returned to the University of Manitoba when it is no longer required or when the staff member leaves the University. I also understand that any equipment taken off-site is the responsibility of the undersigned. This means that if the unit is broken (due to misuse) or stolen from a car or someone's home, they are responsible for replacement.

**I understand and accept the above-noted agreement:**

\_\_\_\_\_  
(Signature of Staff Member)

\_\_\_\_\_  
(Dean, Director or Department Head)

**Return to Bonny McCorrison, Capital Asset Management**

(please retain a copy for your records)