



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 give 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 Wing Huen, Capital Asset Management
(please retain a copy for your records)