



Office of Logistics Management (OLM)

RECORD OF PROPERTY LOANED, LEASED OR CONSIGNED TO UCONN HEALTH - IC 3

DATE: ____/____/____

DEPARTMENT: _____

LENDER, LEASER, OR CONSIGNOR NAME: _____

ADDRESS: _____ PHONE: (____) - ____ - ____

DESCRIPTION OR ITEM: _____

(Include Identifying Serial Number, Size, Color etc.)

COST: _____ (OR) APPRAISED VALUE: _____

DATE OF AGREEMENT: (If Any) ____/____/____

SPECIAL TERMS OF AGREEMENT: (If Any) _____

DATE RECEIVED: ____/____/____ DATE TO BE RETURNED: ____/____/____

LOCATION IN HEALTH CENTER: _____

PURPOSE OR INTENDED USE: _____

SIGNATURES:

_____	____/____/____
Department Head	Date

_____	____/____/____
Dean	Date

_____	____/____/____
Inventory Control	Date

INCLUDE A COPY OF RELEVANT DOCUMENT.

IC-3 Revised: 10/16/15