

Movement of University Property Authorization Form

INSTRUCTIONS: Departments complete the form and provide it to the individual moving or removing property. Original form goes to user to keep with equipment (copy to CAO, IT Office, and individual's supervisor).

DATE: _____ DEPARTMENT: Ansci Nutr Food Chain

TO WHOM IT MAY CONCERN:

_____ supervised by _____
Name of INDIVIDUAL Name of SUPERVISOR

is authorized to move remove the following University property:

Description of item(s): _____

PO # (if available): _____ P.I./ Faculty in charge: _____
Serial #: _____ UCD property number(s): _____

This authorization is valid for movement or removal of the above described property under the following conditions:

MOVE/REMOVAL date (on or after): _____

Scheduled RETURN date:

- Specific Date: _____
 End of UCD employment or department request

Location FROM which property is moved/removed:

- Meyer Hall
 Other Location: _____

Location TO which property will be moved:

- Any off-site location (use for laptops, tablets, etc.)
 Specific Location: _____

AUTHORIZED BY:

Department Head (Print Name)	Signature	Date
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UC DAVIS FOOD CHAIN CLUSTER
Supporting the departments of Animal Science and Nutrition

Property Return Check-in Sheet

This form is to be filled out by an authorized UC Davis Food Chain Cluster official to affirm that the University property described on reverse has been returned to UC Davis (copy to user, CAO, department IT office, and individual's supervisor).

Return Date: _____

Location equipment returned to: _____

_____ supervised by _____
Name of INDIVIDUAL Name of SUPERVISOR

has returned the following University property:

Description of item(s): _____

PO # (if available): _____ **P.I./ Faculty in charge:** _____

Serial #: _____ **UCD property number(s):** _____

Describe state of equipment (describe any relevant information about status of equipment such as damage, change in functionality from when it was checked out, missing parts, etc):

Describe immediate action for equipment (move to storage (indicate room), salvage through Aggie Surplus, etc):

Checked in by:

Print Name **Signature** **Date**

(signature affirms that equipment was returned to University and viewed by individual)