



**University
of Manitoba**

Financial Services

Capital Accounting
Rm 315 Administration Bldg.
Winnipeg, Manitoba
Canada R3T 2N2
Tel. (204) 474-6447
Fax (204) 474-7501

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 Capital Accounting
(please retain a copy for your records)