

Equipment Check-Out Form

This form is to be completed by any UND employee that is requesting to check-out UND equipment and by the employing department that is allowing the employee to do so. The department will be charged should the equipment become damaged, lost, stolen or not returned. Please refer to NDCC 12.1-23-07 regarding use of State property.

Section One – Employee Information:

Name (Please Print): _____ EMPLID: _____

Email: _____ Phone: _____

Section Two – Department Information:

REMINDER: If the equipment becomes damaged, lost, stolen or not returned, the department will be charged for the cost to replace it.

Employing Department of Person Checking Out Equipment: _____

Dept. Contact Person: _____ Contact Phone #: _____

Fund # _____ Dept. # _____ Account # _____ Program Code # _____ Proj. Code: _____

Section Three – Equipment Information:

Equipment description: _____

Reason for checking out equipment: _____

Estimated return date of equipment: _____

Serial #: _____ UND Tag #: _____ Value: _____

IS THE EQUIPMENT LEAVING CAMPUS? YES or NO

If YES, route completed form to linda.olson@UND.edu, Risk Management Officer or UND.safety@UND.edu. All major and minor equipment used Off Campus for more than seven consecutive days must be reported to Asset Management and UND Risk Management to ensure insurance coverage is in place.

Section Four – Signatures:

Employee Checking Out Equipment: _____ Date: _____

Employee Receiving Equipment: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Section Five – Complete When Equipment is Returned:

Date Item Returned: _____ Returned to: _____

Signature of Employing Department: _____

Signature of Employee Returning the Equipment: _____