

THE CITY COLLEGE  
OFFICE OF PROPERTY MANAGEMENT  
OFF-CAMPUS EQUIPMENT FORM

User's Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Building/Room # \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

CUNY TAG NO.

EQUIPMENT  
DESCRIPTION

MODEL

SERIAL#

MANUFACTURER

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. If the equipment is in your possession, please give off-campus location. \_\_\_\_\_

2. Estimated date of return \_\_\_\_\_

3. If not in your possession, please indicate date returned \_\_\_\_\_ and location \_\_\_\_\_

4. All CUNY Equipment must be used for college purposes. Please indicate purpose and/or project for which it is used: \_\_\_\_\_

5. User's Signature \_\_\_\_\_

I accept responsibility for the above equipment

6. \*Dean\Chairperson\Vice President\Director Signature \_\_\_\_\_

Authorized Signature

Date \_\_\_\_\_