

**USF FORM #6028
OFF-CAMPUS PROPERTY PERMIT**

Submit completed requests to asset-help@usf.edu

Do not send from DocuSign application. Please download signed copies and email from a USF user email address.
Permits are valid for a maximum of one year and must be renewed every January 1st. Property can be taken off-campus for official university business only. Illegible, incorrect and/or incomplete forms will be returned to the custodian unprocessed for corrections and/or clarification.

CHART FIELD COMBINATION (Use one per form.)

Op Unit	Fund	Dept ID	Product	Initiative	Project
USF Tag #	Description	Serial ID	Return	Ret Loc	
Valid for Calendar Year	Purpose	Property Use Address			
USF Custodian Name (Type or Print Legibly)	Employee ID#	USF Office Location			
		BLDG Room#			

I have read and understand the university procedures and requirements regarding off-campus property use. I acknowledge and accept full responsibility for the above-described equipment. I agree to reimburse the University of South Florida for damage or loss resulting from negligence. I understand that I may be charged a daily rental fee for use other than official university business. I understand that this equipment may need to be returned to the university at any reasonable time for inventory verification.

Custodian Signature Date

CUSTODIAN SUPERVISOR AUTHORIZATION (REQUIRED)

X

Supervisor Name (Print) Supervisor Signature Date

ACCOUNTABLE OFFICER AUTHORIZATION (REQUIRED)

X

Accountable Officer Name (Print) Accountable Officer Signature Date

CONFIRM RETURN OF PROPERTY TO UNIVERSITY

When USF equipment is returned to an on-campus location, indicate above the building/room the equipment was returned to. If it is a partial return, indicate above which items were returned by putting a checkmark in the "Return" column. Confirm your return of this equipment by providing the signature below of the authorized Accountable Officer. Illegible, incorrect and/or incomplete forms will be returned to the custodian unprocessed for corrections and/or clarification.

Accountable Officer Return Verification Signature Date