

**MISSOURI STATE UNIVERSITY  
OFF-CAMPUS EQUIPMENT AUTHORIZATION**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Equipment Description: \_\_\_\_\_

Tag Number (or serial number): \_\_\_\_\_

Location of equipment while off-campus: \_\_\_\_\_

Date when equipment will be returned to campus\* \_\_\_\_\_

Person accountable for the equipment: \_\_\_\_\_

Department Head Authorization: \_\_\_\_\_

\*This form must be renewed annually.