



Finance & Administrative Services
Office of Property Management

**REQUEST FOR OFF-CAMPUS/HOME STORAGE
OF EQUIPMENT**
PLEASE PRINT OR TYPE INFORMATION
All Information Is Required

Department _____ Account Number _____
Date _____ Purpose _____
Item Description _____ LSU INV. NBR(S) & SERIAL NBR(S)
1. _____
2. _____
3. _____

Name of Person with Custody: _____
Signature of Person with Custody: _____
Position (Faculty, Staff, or Student): _____
Residential Address: _____

City: _____
State or Country: _____ Zip Code: _____
Electronic Mail Address: _____
Home or Cell Telephone Number: (____) _____
Removal Date: (MONTH/DATE/YEAR) _____
Return Date: (MONTH/DATE/YEAR) _____

Approval Signatures:

Dept. Property Custodian _____ Date _____
Department Head/Chair _____ Date _____
LSU Property Manager _____ Date _____

Comments: _____

