

**FORT VALLEY STATE UNIVERSITY**  
**Office of the Comptroller**  
**OFF-CAMPUS USE AGREEMENT/AUTHORIZATION**

INSTRUCTIONS: This form must be completed and approved before removing equipment off the campus of Fort Valley State University. **Please return completed form to Auxiliary and Support Services.**

<b>NAME:</b>		
<b>DEPARTMENT:</b>		
<b>EFFECTIVE DATE:</b>		
<b>SCHEDULED RETURN DATE:</b>		
<b>FVSU DECAL #</b>	<b>SERIAL NUMBER</b>	<b>DESCRIPTION</b>
The Item(s) will be located at:		
(Street Address)		
(City and State)	(Phone)	

I acknowledge receipt of the item(s) listed above for off-campus use.

\_\_\_\_\_  
 Faculty/Staff Signature (USER)

\_\_\_\_\_  
 Department Head Signature

\_\_\_\_\_  
 Asset Management

\_\_\_\_\_  
 Vice President of Business & Finance