

**College of Arts & Sciences Personal Property
Insurance Equipment Checkout Form
Please Print**

Date of Check Out: _____ Date of Scheduled Return: _____

Person Requesting Equipment: _____

Department: _____ Department Address _____

Campus Phone: _____ **Authorized by:** _____

Reason for off campus use: _____

Equipment will be located at the following address:

ITEM DESCRIPTION	UNIV.ID #	SERIAL #	RETURNED/INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In accordance with University policy, the above equipment will be used exclusively for University related business. All reasonable care will be taken to assure the equipment be secured from theft and/or malicious damage. The above equipment will be returned by the scheduled date of return or an additional form will be completed to extend the check out period. In the event of insured loss, proper notification will be made to Risk Management, the campus insurance representative, by completing and forwarding a UMUW Form #155, University of Missouri Theft Report.

The equipment listed above is owned by the University of Missouri-KC and will be returned immediately upon termination of said employee. In case of death, a family member will be responsible for contacting the department to return said equipment.

Employee Signature

Date

Note: Date returned and initials are for insuring department use. Forward a photocopy of this form at checkout to Fax: 573-882-7861, ATTN: Director, Risk and Management.

Equipment returned: Date: _____

Equip. Condition: ___ Good ___ Fair ___ Poor