



EQUIPMENT REMOVAL AUTHORIZATION

UNIVERSITY OF MARYLAND
BALTIMORE

Date _____

Building _____ No. _____

_____ is authorized to remove the below listed equipment.
Authorization is valid only on the above date(s). The equipment is being removed from:

Department/Office _____ Campus Address _____

School _____ Department's Campus Phone No. _____

Equipment	Equipment Model and Serial No.	Capital Asset #
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Equipment return date

Equipment belongs to the Individual/University.

The borrower agrees to accept the liability for any loss or damage while the equipment is in the care, custody or control of the borrower. The borrower agrees to pay the actual replacement cost of lost, stolen or damaged equipment on loan to him/her.

Signed _____ (Borrower)

Printed Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Approved by: _____

Media Center Representative: _____