SUNY College at Brockport

Property Loan Request Form – off campus use

Please print, complete, and submit to Procurement and Payment

Name of Borrower: _____ Campus Ext: _____

Signature of Borrower: _____ Department: _____

Location of equipment while off campus: _____
(Street Address, City, State, Zip)

Date of Property Removal: _____/_____/_____ Date of Return: _____/_____/_____
Loan period may not exceed one (1) year

Reason for request: _____

Property Description

Property Control Number	Item Description	Make	Model	Serial Number	Condition (Good, Fair, Poor)

Department Approval

Department Chair Signature: _____ Dean/VP Signature: _____

Date: _____ Date: _____

Returned Item Information

Property returned in good condition by: _____

Received by (Department Head): _____

Please retain a copy for your records and return this completed form to:
Procurement and Payment Services, Allen Building, Room 510
If you have any questions or concerns, please contact the Property Control Coordinator at ext. 2338