

THE UNIVERSITY OF TEXAS AT ARLINGTON
 SCHOOL OF NURSING
 REMOVAL OF CAPITAL EQUIPMENT FROM UNIVERSITY CAMPUS
 (Submit this form to the AV Specialist)

The undersigned requests authorization to remove from the campus of The University of Texas at Arlington the equipment listed below belonging to School of Nursing Learning Resource Center, account number 19-1800-0052 for the following purpose(s):

The undersigned certifies that:

1. The purpose(s) listed above constitutes official business of The University of Texas at Arlington.
2. The equipment removed will be taken to:
3. Date equipment will be removed from campus:
4. Date equipment will be returned to campus:
5. Person responsible for equipment removed from University campus:

Printed name of person responsible for equipment

Title

Signature of person responsible for equipment

Date

Signature of LRC Director

Date

| Inventory Number | Date Acquired | Description of Equipment | Recorded Value |
|------------------|---------------|--------------------------|----------------|
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NOTE: When an item of equipment is taken off campus, the individual doing so assumes responsibility for the property.