

# Florida Institute of Technology

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## Capital Asset Off-site Use

Date: \_\_\_\_\_

To: Property Administration

From: \_\_\_\_\_

Subject: Authorization To Use Capital Assets at Home/Remote Research Site

I \_\_\_\_\_ have requested from and have the authority of  
(Name)

\_\_\_\_\_ of \_\_\_\_\_  
(Department Head/Supervisor) (Department)

to take the below listed Florida Tech capital equipment to my residence/off-campus designated site of:

\_\_\_\_\_ (Address)

for use in conducting business/research/ \_\_\_\_\_ for Florida Tech.

(Other)

I understand and acknowledge that all of the equipment listed below is the property of Florida Tech and agree that I will immediately return the equipment upon request of the above named supervisor or upon termination of my employment with Florida Tech.

\_\_\_\_\_  
Signature

Equipment  
Control # \_\_\_\_\_

Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Serial #


To be returned on or before: \_\_\_\_\_ (Date)