

UNIVERSITY OF ARIZONA
CERTIFICATION STATEMENT FOR OFF-CAMPUS LOCATION/USE OF EQUIPMENT

I certify that the attached listing of equipment is in my possession and being used off campus solely for University business. The location, serial number and “in use” status are correct. I realize that I am responsible for knowing the location of this equipment and following appropriate University and sponsor guidelines in the use and care of this equipment. Equipment in use off campus must be returned and may not be abandoned at the offsite location. This certification will remain in our departmental files with up to date information, with a copy sent to the Financial Services Office, Property Management Unit.

Per ARS 41-621, state self-insurance for University property only applies in excess over any other valid and collectable insurance. In the event of loss or damage to University property, a claim against homeowner’s or renter’s property coverage must be submitted. If the claim is denied, then a claim for State Insurance Recovery can be pursued. _____ Initials

Responsible Person Information:

Last Name _____ First Name _____ Middle Initial ____ Employee ID _____

Department Name _____ Department Number _____ Telephone Number _____

Offsite Location Information:

Street _____ City _____ State ____ Zip Code _____ Telephone Number _____

The equipment will be used in support of _____ for University of Arizona business while offsite.
 (Identify the specific grant/contract)

Signatures:

Responsible Person _____ Date _____ Dean, Department Head or Director _____ Date _____

Annual Inventory Verification for Off-Campus Equipment (Department Business Office)

Fiscal Year _____ Name (Last, First, Middle Initial) _____ Date _____ Initials _____

Fiscal Year _____ Name (Last, First, Middle Initial) _____ Date _____ Initials _____

Fiscal Year _____ Name (Last, First, Middle Initial) _____ Date _____ Initials _____

Equipment Listing (Asset information derived from FFX and physical attributes. If more than four items attach a list)

Tag Number	Description	Manufacturer	Model Number	Serial Number	Estimated Return Date	Return Location (Building/Room)	Actual Return Date

cc: Department Business Office
 Financial Services Office, Property Management
 Sponsored Projects Services, Property Manager