



# EQUIPMENT REMOVAL AUTHORIZATION

	Date	Log No.
Name	Department	Dept. Code (3 digits)

*The above is authorized to remove the following from the FIT Campus*

## Item Description


## Type of removal

<input type="checkbox"/> Permanent	<input type="checkbox"/> Loan	<input type="checkbox"/> Repair
Recipient	Telephone	Return by:

## Required Signatures

Division Head Signature	Date	Operational Services Signature	Date
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Original Copy: Requestor

One Copy: Requesting Department

One Copy: Security

One Copy: Operational Services