



Equipment Loan

ROUTING
PROP
MSC 3001
nmsuproperty@nmsu.edu
Phone 646-3139

To Initiate or Renew a Loan of NMSU Property-BPM Section 4A.35. **Please attach a list if more than 3 items.**

SECTION 1: REQUESTOR INFORMATION

Employee Name: _____ Job Title: _____ Department: _____

Campus Box: _____ E-mail Address: _____ Phone: _____

Employee Physical Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Home Phone Number: _____ Date (mm/dd/yyyy): _____

SECTION 2: REQUEST DETAILS

To Initiate a Loan of NMSU Property To Renew a Loan of NMSU Property

Condition of Equipment:

NMSU Tag Number	Equipment Description	Price
1.		
2.		
3.		

Loan Dates: Start Date: _____ End Date: _____

Business Justification for Home/Off-Campus Use of Equipment:

SECTION 3: REQUESTOR APPROVAL

I certify that the equipment will be used only for University business and in accordance with established University policies. I will secure the equipment to prevent theft and will utilize password security and virus protection to prevent unauthorized access or damage to University systems and data. I will return the equipment to the University no later than the end date specified above. I acknowledge that I am responsible for the timely reporting of lost, stolen, or damaged equipment (within three business days of the incident). I acknowledge that if the equipment is lost, stolen or damaged through my carelessness or intentional actions that I will be subject to disciplinary action up to and including termination of my employment. I acknowledge that I will be required, at least annually and upon request from the department, to return the equipment to the department for inventory purposes and to renew approval for continued loan of equipment.

Employee Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL / Delegates permitted per BPM Section 2.05

Printed Name: _____ Signature: _____ Date: _____
Dean/VP/CC President

RETURN OF EQUIPMENT

Condition of Equipment: _____

Property Custodian Printed Name: _____ Signature: _____ Date: _____

IT staff issuing device: _____ Signature: _____ Date: _____

Reset