

**SAINT PAUL'S COLLEGE  
SPONSORED AND FEDERAL PROGRAMS  
TRANSFER FORM FOR USE OF EQUIPMENT AWAY FROM CAMPUS**

**DEPARTMENT TRANSFERRED FROM:** \_\_\_\_\_

**CAMPUS EXTENSION:** \_\_\_\_\_

**NAME OF USER:** \_\_\_\_\_

**ADDRESS (HOME):** \_\_\_\_\_

**DATE OF RETURN:** \_\_\_\_\_

DESCRIPTION OF ITEM	SERIAL NUMBER

**SPECIFY JOB ASSIGNMENT:** \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, certify that the equipment listed above will be utilized in accordance with federal and state regulations. I fully understand that this equipment will be returned by the date indicated and in full working condition (the equipment must be in same condition as it was when it was taken off the campus).

If the equipment is lost, stolen or destroyed, the College is authorized to payroll deduct the cost to repair or replace the equipment.

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**

**APPROVED BY:**

\_\_\_\_\_  
**ACTIVITY DIRECTOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DIRECTOR OF SPONSORED PROGRAMS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEPARTMENT CHAIRPERSON**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TITLE III SECRETARY**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**VICE PRESIDENT/DIRECTOR**

\_\_\_\_\_  
**DATE**