

Removal of PVCC Equipment From College Premises

Agency Number:	Equipment ID #:
Description:	
Serial Number:	Model Number:
Anticipated date to be removed from college premises:	
Anticipated date to be returned to college premises:	
Reason for removal from college premises:	
Employee responsible for equipment:	

Employee Signature

Date

Supervisor's Approval

Date

Return of PVCC Equipment to state premises

The equipment item identified above was returned to state premises on _____ in satisfactory condition.

Supervisor's Signature

Date