

RECORD OF EQUIPMENT ON LOAN

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

CO - 1079 REV 6/2010

DATE _____ REPORT NO. _____

_____ IS AUTHORIZED TO REMOVE FROM ROOM _____

NAME

AT _____

ADDRESS, CITY

THE FOLLOWING EQUIPMENT:

<u>TAG NO.</u>	<u>SERIAL NO.</u>	<u>DESCRIPTION</u>	<u>CONDITION</u>	<u>COST OF ASSET</u>
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THE EQUIPMENT WILL BE USED FOR _____
PROJECT

WHICH IS RELATIVE TO WORK BEING DONE IN THE _____
SPECIFIC UNIT

AT THE _____
AGENCY NAME

THE EQUIPMENT WILL BE LOCATED AT _____
GIVE COMPLETE ADDRESS

UNTIL _____ AT WHICH TIME IT WILL BE RETURNED TO THE AGENCY.
DATE OF RETURN

THE ABOVE NAMED INDIVIDUAL WILL BE RESPONSIBLE FOR LOSS DUE TO THEFT OR OTHER CAUSE AND ANY DAMAGE AND WILL PROVIDE DUE CARE AND SECURITY FOR THE ABOVE DESCRIBED EQUIPMENT UNTIL THE EQUIPMENT IS RETURNED TO THE AGENCY. IN THE EVENT OF A THEFT, A COPY OF A POLICE REPORT MUST ACCOMPANY THE NOTIFICATION TO INVENTORY CONTROL TO REMOVE AN ITEM FROM THE ASSET LISTING. THE RECIPIENT WILL BEAR RESPONSIBILITY FOR THE RETURN OF EQUIPMENT IN THE SAME CONDITION AS AT THE TIME OF RELEASE.

APPROVED DIRECTOR OR DEPARTMENT HEAD SIGNATURE	PRINTED NAME
RECIPIENT SIGNATURE	PRINTED NAME

COMPLETE AND PROVIDE A COPY TO THE PROPERTY CONTROL MANAGER. RETAIN A COPY AND COMPLETE THE LOWER PORTION UPON RETURN OF THE EQUIPMENT.

DATE _____ THE ABOVE EQUIPMENT HAS BEEN RETURNED TO _____
BUILDING NO. AND ROOM

AT THE TIME OF THE LOAN, WHERE REASONABLE EXPECTED.

PLEASE NOTE ANY EXCEPTIONS:

DIRECTOR OR DEPARTMENT HEAD SIGNATURE	RECIPIENT SIGNATURE
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PROVIDE COPY TO PROPERTY CONTROL MANAGER