



Off Campus Inventory Authorization Form

Date: _____ Department: _____

Item Description: _____

ISU Inventory #: _____ Expected Return Date: _____

Condition of Item: _____

Item use: _____

Individual Responsible for Item: _____ Approved By: _____

(Dean Or Director)

Phone # _____

Date Returned: _____ Verified By: _____

Condition of Item Returned (Note Any Damage): _____

Please retain this record in department.

When completing Physical Inventory, please locate this item to the
room that this form is filed in.