Equipment Entrustee Form
Request for removal of state movable property from MSU Campus

All McNeese State University movable equipment entrusted to employees for off-campus use must be reported to Property Control to comply with State Property Control Rules and Regulations.

Department Name: ____________________________

Entrustee Name: ____________________________

Date Issued: ____________ Expected date of return (if known): ____________

*NOTE: This form expires on the last day (June 30th) of the current fiscal year*

The following movable equipment is in the possession of the signed recipient who is responsible for its safekeeping until returned to the Departmental Equipment Custodian. If lost, stolen, damaged, or transferred to another individual, Property Control and the Departmental Equipment Custodian must be notified. The University will enforce LAC 34:VII.305E, which states that each person to whom property is entrusted shall be liable for the payment of damages or replacement cost whenever his/her wrongful or grossly negligent act or omission causes any loss, theft, disappearance, damage to or destruction of property. If lost equipment is later located, the University will reimburse payments made for the lost equipment.

Location of equipment: ________________________________________________________________

Specific purpose of removing property from campus: __________________________________________

McNeese Tag Number: ______________ Serial Number: ____________________________

Property Description: ________________________________________________________________

Supervisor’s signature __________________________ Entrustee’s Signature __________________________ Entrustee’s personnel # (REQUIRED) __________________________

Supervisor’s name (printed) __________________________ Entrustee’s name (printed) __________________________

**By signing this form, the Entrustee acknowledges that McNeese will enforce LAC 34:VII.305E as stated above. Entrustee also authorizes the University to withhold payment from his/her paycheck to cover any equipment damage or replacement cost that may occur.**

RETURN RECEIPT: The above movable equipment has been returned in good condition to the Departmental Equipment Custodian.

Returnee’s signature __________________________ Returnee’s name (printed) __________________________ Date returned & reported to Property Control __________________________

For Property Control use only:
Verify funding that used to purchase equipment:

☐ TASC funds (525060)
☐ Federal funds (65#, 66# or 67#)