

## 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 30<sup>th</sup>) 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 used to purchase equipment:

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