

McNeese State University
Authority to Release Equipment for Repairs

Exhibit 3

Property Control Form 3

Rev. March 2019

Department Name: _____

Department Number: _____ Date: _____

Instructions: Fill out the necessary information. Keep the original and forward a copy to the property control office prior to sending equipment off campus for repairs. This form will assist you in tracking equipment sent for repairs. Once the equipment is returned to campus, send the completed original form to the Property Control office.

PICKED UP FOR REPAIRS BY:

- Maintenance Department
- Company Authorized to Repair Equipment
- Other (Please State) _____

ITEM/DESCRIPTION	TAG NO.	LOCATION

COMMENTS: _____

AUTHORIZED BY:
ADMINISTRATOR/DEAN/ DEPT. HEAD: _____
DATE: _____

PICKED UP BY:
NAME OF PERSON: _____ DATE: _____

TO BE COMPLETED ONCE EQUIPMENT IS RETURNED TO CAMPUS:

RECEIVED BY:
NAME OF PERSON: _____ DATE: _____