## **McNeese State University**

## **Authority to Release Equipment for Repairs**

(Property Control Form 3)

Department Name:			Date:
<b>Instructions:</b> 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/D	Joan / Dont Hood	
	Administrator/ D	Pean/ Dept. Head	Date
PICKED UP BY:			
Name of repair vendor employee			Date
To be completed & submitted to Property Control Office once repairs are complete & equipment has returned to campus.			
RECEIVED BY:			
Name of employee			 Date