

**Tennessee Technological University
Location Form for Off-Campus Property**

Office/Department _____ Org Code _____

Purpose of off-campus location _____

Equipment to be located off-campus:

Description	<input type="text"/>
TTU Tag Number	<input type="text"/>
Manufacturer	<input type="text"/>
Model	<input type="text"/>
Serial Number	<input type="text"/>
Cost	<input type="text"/>

Entity Name _____

Address _____

To be completed by personnel at off-campus location:

Date Received _____

Contact Name _____

Contact Phone _____

Contact Email _____

By signing below, I certify that the above mentioned item was received by the entity listed above, is in proper working condition, and if applicable, has been properly tagged with the aforementioned tag number.

Signature

Date

Please complete form and send to:

Tennessee Technological University _____

Please send completed form to Property Officer, Box 5041.