OFF CAMPUS EQUIPMENT VERIFICATION WORKSHEET

Name Responsit		Title	Phone Number	Email Address	Custoo	ly Code	Equipment Custodian	Mail Form to: (Custodian's address)	
			<u> </u>						
To be completed by the person with custody of equipment at a location other than the UCSC campus. The following pieces of equipment are assigned to your custody. Please fill out all fields below and return to your unit/dept. equipment custodian at the address listed above.									
Property #		Description		Serial Number	Condition Code	Complete	e Off-campus Location Address	Comments	
•	tify the equi Printed Name		hysically verific		listed abo	ve is curre	ent, accurate and comple	ete.	
İ	riiiled Name			Signature:					

Purpose: All inventorial equipment located off-campus must be accounted for during the physical inventory process. If you have UC-owned or government-owned equipment at an off campus location, you must complete an Off Campus Equipment Verification Worksheet.

Condition Codes:	First Character	Second Character		
	N - New	1 - Excellent		
	E - Used, reconditioned	2 - Good		
	O - Used, without reconditioning	3 - Fair		
	R - Repairs needed	4 - Poor		

If you have any questions or need help completing this form, call (831) 459-2355

Unit/Dept. Equipment Custodian: Submit completed form along with EQ920 to:

To be completed by unit/department Equipment Custodian

Attn: Equipment Administration, Mail Stop: Accounting Office