

## Home Use Statement University-Owned Equipment DBEI/CCEB

Name:	Title:					
Department Name:	OF	RG Number:				
Intramural Address:	Mc	iil Code:				
E-mail address:						
Telephone: (Office)	(Home)		·			
Home Address (where equipment will be located):						
Street:	City:	State:	Zip:			

## University-owned property assets to be used at home.

Item ID# or Tag#	
Description	
Acquisition Date	
Model #	
Serial #	
Accessories	

## **Responsibility for Liability**

I understand the policy concerning the use of University-Owned equipment at home and agree to assume responsibility for loss or damage. I also agree to return the equipment if I terminate my employment in the DBEI/CCEB.

Employee Signature: \_\_

Date: \_\_\_\_\_

Return Completed Form To: Merceda J. Reale, <u>merceda@pennmedicine.upenn.edu</u> in the DBEI/CCEB business office, 112 Blockley Hall/6021, 215-573-1334

## AUTHORIZATION TO REMOVE PROPERTY FROM THE PREMISES

Signature of approver	Title		Date signed
Is the Property being retu	rned to Penn from Home? New Location:	Please complete th	ne information below:
Return Date:	Building:	Floor:	Room:
Property Administrator Sigr	nature	Dc	ite:
			7/10/2020