

ALAMO COMMUNITY COLLEGE DISTRICT

INVENTORY CONTROL

921-4688

OFF CAMPUS PROPERTY REQUEST FORM

I, _____, acknowledge that I have in my possession the ACCD property listed below. It is located at _____ and will be returned to ACCD on or before _____. I understand that I will be responsible for the care and security of these items, and that they will be used solely to perform *official ACCD business*. The use of ACCD equipment for personal purposes is **PROHIBITED** by Board policy, whether on or off ACCD property!

ACCD TAG #	ITEM DESCRIPTION	SERIAL #	BRAND/MODEL

Justification for removal: _____

Department Name

Employee Date

Department Account #

Supervisor Date

Next Level Supervisor Date