



Off-Campus Receipt

*This form must be submitted once for the life of the asset if the asset will be taken off campus.
NMIMT is only the steward of the property – ownership vests with the State of NM or the Sponsor.*

Employee Information:

Name _____ Department _____ Banner ID (Required) 900
Title _____ Extension _____ E-Mail Address _____
Office Location: City _____ Building _____ Room # _____

Asset Information:

Primary Off Campus Location (i.e. physical address or location) _____
PCN _____ Description _____ Manufacturer _____
Serial Number: _____ Model Number: _____ Cost: \$ _____

Describe / list the reasonable measures that have been taken to protect the asset from theft & environmental hazards:

Complete this section: Property will be used for (i.e. teaching, work from home, or a brief description of research):

Read and Sign Acknowledgement of Property Rights and Responsibilities:

I acknowledge the receipt of and responsibility for the State owned property listed above. I agree to maintain the property and return it when NMIMT is no longer my employer, or earlier upon request. I will report any loss, damage, theft immediately. *I further agree to use said property for **work-related purposes only**. In signing this form, I acknowledge that the Property Office may periodically and randomly audit the asset information listed above.* Note: You can't be your own supervisor.

Employee's Signature	_____	Date	_____
Employee's Supervisor's Signature	_____	Banner ID: 900	Date _____
Property Office Rep.'s Signature	_____	Date	_____

Not Valid Unless Signed by NM Tech Property Office Representative

Returned To (complete this section when the asset has been returned to NM Tech for reutilization or final disposition):

Building: _____ Room: _____ Person: _____
Receiver's Signature: _____ Date Received: _____