



# Equipment Loan

ROUTING  
PROP  
MSC 3001  
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Phone 646-3139

To Initiate or Renew a Loan of NMSU Property-BPM Section 4A.35. **Please attach a list if more than 3 items.**

## SECTION 1: REQUESTOR INFORMATION

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

To Initiate a Loan of NMSU Property     To Renew a Loan of NMSU Property

Condition of Equipment:

NMSU Tag Number	Equipment Description
1.	
2.	
3.	

Loan Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Business Justification for Home/Off-Campus Use of Equipment:

## SECTION 3: REQUESTOR APPROVAL

I certify that the equipment will be used for University business and in accordance with established University policies. The equipment will be secured to prevent theft and password security and virus protection will be used, if applicable, to prevent unauthorized access or damage to University systems and data. The equipment will be returned to the University at the end date specified above. I understand that my homeowner's insurance is primary coverage for theft or loss and State Risk Management Coverage is secondary coverage.

I acknowledge that I will be required, at least annually and upon request from the department, to return this equipment to the department for inventory purposes and to renew approval for continued loan of equipment.

Employee Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: OFFICIAL APPROVAL / Delegates permitted per BPM Section 2.05

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/VP/CC President

## RETURN OF EQUIPMENT

Condition of Equipment: \_\_\_\_\_

Property Custodian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_