NCSU Form CA-3

N.C. STATE UNIVERSITY
CAPITAL ASSETS MANAGEMENT SYSTEM
STORAGE OF EQUIPMENT ON PRIVATELY OWNED/LEASED PREMISES

OFF-CAMPUS STORAGE FACILITY

BUILDING NAME _____
ADDRESS_____
_____
_____
LENGTH OF TIME EQUIPMENT WILL BE STORED AT THIS FACILITY_____

REASON FOR OFF-CAMPUS STORAGE_____
_____
_____
_____
_____
_____

DESCRIPTION OF EQUIPMENT	CAMS TAG NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____
Dean/Director/Department Head's Signature Date

_____
Print Signature

The Dean/Director/Department Head will be notified in writing of the approval or denial of this request within two weeks of receipt of this form in the Capital Assets Office.

PLEASE FORWARD COMPLETED FORM TO:

CAMS OFFICE
ADMINISTRATIVE SERVICE BUILDING
CAMPUS BOX 7205