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| **IT Equipment Removal Form**  |
| Name: Employee Signature:  Immediate Supervisor Immediate Supervisor Signature Approving Off-Site Use:  Department Name: Business Purpose:   | **This form is used to obtain authorization to remove MUHC computing equipment from any MUHC owned campus or location**. By signing this form, you agree to be personally responsible for the removal, setup, and return of equipment documented on this form. Instructions for use of this form: (Form Must Be Typed) 1) Complete this form to obtain authorization to remove MUHC property/equipment from campus. 2) Submit the approved form via email to umhstiassetrequest@health.missouri.edu 3) Upon return of equipment, please contact the HelpDesk at 884-HELP to let them know the equipment is back on site.  |
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| Item Type  | Service Tag # (white sticker on asset)  | Equipment Current Location  | Equipment Temporary Location (street, city, zip)  |
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