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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](mailto: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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