



New York University
A private university in the public service

Administrative Services
 Asset Management
 726 Broadway, 2nd Floor
 New York, NY 10003-6617
 Tel: (212) 998-1040
 Fax: (212) 995-4248
 Internet: www.nyu.edu/asset

OFF CAMPUS CAPITAL EQUIPMENT FORM

NYU Tag Number _____

Item Description _____

Date: ___/___/___

Memo To: _____

From: _____

Re: Affixing of NYU Asset Tags (Tag by Mail Procedure)

The Asset Management office has been notified that the equipment listed on the attached Purchase Order is located off campus. The Federal Government requires New York University to maintain accurate information for all capital acquisitions with a value of \$3000.00 or more. Enclosed is an NYU Asset Tag that must be affixed to the item in your possession.

I hereby acknowledge that: (i) the equipment identified below is being supplied by NYU to me as an accommodation to me so that I may perform certain NYU related work outside of NYU, and (ii) the equipment remains the property of NYU for the duration of such use.

I further acknowledge that I am aware that there are federal, state and local regulations governing the disposal of this equipment and that failure to dispose of the equipment in accordance with such regulations could lead to the imposition of significant fines and penalties on both the owner of the equipment and the disposer of such equipment. Accordingly, I hereby agree to return this equipment to NYU at the end of its useful life, or earlier upon demand made by NYU, for both data/software deletion and equipment surplus/disposal. I hereby acknowledge and agree that I will not, under any circumstances, dispose of this equipment myself.

In consideration of the receipt of this equipment and as an incentive to NYU to deliver such equipment to me, I hereby agree to indemnify and hold NYU harmless for any costs, fines, penalties or damages that may be incurred by NYU arising out of my failure to return the equipment to NYU or otherwise as a result of the disposal by me of such equipment.

Please provide ALL of the information below and return this form via fax to (212) 995-4248.

Off Campus Address: _____

 City/Town: _____ Zip Code: _____

Telephone #: (_____) _____ - _____

Manufacturer: _____

Model #: _____

Serial #: _____

I have affixed the NYU Asset Tag to the front of the capital equipment indicated above.

 SIGNATURE:

 DATE: