

NC State University
Equipment Tracking Home/Portable Use Authorization Form CA-2

Department _____ OUC _____

Name of User _____ Work Phone _____

Description of Equipment _____ CAMS Tag# _____

Use Type: Home Portable Other _____

Justification for home/portable use

To be returned: Annual renewal Date _____ Other _____

User Signature _____ Date _____

Approved By

Signature _____ Print Name _____ Date _____

Title Dean Director Department Head Other _____

CAMS system updated to "H"

Complete Upon Return of Equipment

The equipment listed above has been returned Return Date _____

User Signature _____ Date _____

Verified by (signature) _____ Date _____

Title Dean Director Department Head Other _____

Instructions for Initial Authorization: Complete the top portion of the form and save for departmental files. CAMS coordinator should update the online CAMS system to reflect "Home Use" as the condition code of the asset.

Instructions for Return: Complete the bottom portion of the form. CAMS coordinator should update the condition code of the asset using the online CAMS system. Retain this form for departmental files.