University of Connecticut Health Center

POLICY

MATERIALS MANAGEMENT - INVENTORY CONTROL

PROPERTY EQUIPMENT LOAN FORM - IC-5A

Mail or PDF the entire package to: FB005 MC 2010	**REFERENCE # L**
NAME:	**TITLE:**
BUILDING: FLOOR: ROOM #:	**TELEPHONE: FAX:**
DEPARTMENT:	
MAIL CODE:	**EMAIL:**

LOAN TYPE: 1.Loan property from one department to another: ☐ 3. Loan property from UCHC to an individual: ☐

2. Loan property from UCHC to another Institution: ☐ 4. Other:

LOANED TO: Department Name:

(Off-Campus) Institution Name:

Street:	City:	State:	Zip Code:

HC ASSET #	DESCRIPTION	CONDITION	VALUE	REMARKS

PURPOSE:

DATE OF AGREEMENT:	**ESTIMATED RETURN DATE:** **(Not to Exceed One Year)**

CODING:	FISCAL YR	LEDGER	ACCOUNT	SUBCODE	AMOUNT	SIGNATURE

IMPORTANT NOTICES TO DEPARTMENT HEAD:

1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY.
2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCHC HIPAA POLICIES.

AUTHORIZED SIGNATURES (Signatures Must Be In Order Stated)

Released by:		**Recipient of Loaned Property:**	
1. DEPARTMENTAL PROPERTY COORDINATOR PLEASE TYPE NAME ALSO	DATE	1. RECIPIENT OF LOANDED PROPERTY PLEASE TYPE NAME ALSO	DATE
2. DEPARTMENT HEAD	DATE	**Upon Return - Received By:**	
3.UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT	DATE	1. DEPARTMENTAL PROPERTY COORDINATOR	DATE
4. DIRECTOR OF PURCHASING (Equipment Leases Only)	DATE	2. DEPARTMENT HEAD	DATE

FURTHER INSTRUCTIONS

1. Please make sure all information is correctly filled out.
2. Include a copy of any relevant documents.
3. At the request of the Police Department: When removing property from UCHC, be sure to have a copy of the fully executed IC-5A form on hand for verification. This policy will be strictly enforced.
4. If you have any questions regarding this form, please call the UCHC Property Office at 679-1952.

PLEASE MAKE A COPY FOR YOUR FILE