

**REQUEST FOR OFF-CAMPUS USE OF EQUIPMENT (ROCU)
PUTNAM COUNTY BOARD OF EDUCATION**

NAME OF PERSON MAKING REQUEST _____

SCHOOL/FACILITY _____ **POSITION** _____

(1) EQUIPMENT _____

BARCODE _____ **SERIAL NUMBER** _____

(2) EQUIPMENT _____

BARCODE _____ **SERIAL NUMBER** _____

REASON FOR OFF-SITE USE:

THIS EQUIPMENT IS TO BE USED OFF-CAMPUS BEGINNING
____/____/____ AND WILL BE RETURNED BY ____/____/____.

I assume full responsibility for this equipment and will use it for the purpose as stated above.

Signature of Requester **Date**

I hereby approve off-campus use of this equipment by the person named above.

Principal or Supervisor **Date**