



UNIVERSITY OF SASKATCHEWAN

DECLARATION OF PROPERTY USED OFF CAMPUS

EMPLOYEE NAME	EMPLID NUMBER
DEPARTMENT	PHONE NUMBER
COLLEGE	

The Following Equipment:				
EQUIPMENT TAG # (ASSIGNED BY FSD)	EQUIPMENT IDENTIFICATION	MODEL NUMBER	SERIAL NUMBER	COST

Will Be Located At The Following Address:

As custodian of the above noted equipment, I certify that:

1. The use of the equipment will be to carry out my professional, teaching and / or research activities with the University of Saskatchewan.
2. Any personal use, including use for other business purposes, is incidental. If the actual use is different from that specified herein, I agree that any resulting personal benefit for income tax purposes will be a matter between myself and Canada Revenue Agency.
3. The equipment is property of the University of Saskatchewan. I undertake to return said University property upon request or should my employment with the University of Saskatchewan terminate.

.....
SIGNATURE

.....20.....
DATE

.....
AUTHORIZATION (DEAN OR DEPARTMENT HEAD)

.....20.....
DATE

Forward a copy of the Completed Form and supporting documents to:
 Controller's Office, Room 230 Peterson Building, 54 Innovation Blvd.

FINANCIAL SERVICES:
 APPROVED BY: _____
 ACCOUNT : _____
 TAGGED : _____