

# OFF CAMPUS EQUIPMENT VERIFICATION WORKSHEET

**To be completed by unit/department Equipment Custodian**

Name of Responsible Party	Title	Phone Number	Email Address	Custody Code	Equipment Custodian	Mail Form to: (Custodian's address)

**To be completed by the person with custody of equipment at a location other than the UCSC campus . The following pieces of equipment are assigned to your custody. Please fill out all fields below and **return to your unit/dept. equipment custodian at the address listed above .****

Property #	Description	Serial Number	Condition Code	Complete Off-campus Location Address	Comments

I hereby certify the equipment was physically verified and the information listed above is current, accurate and complete.

Printed Name:	Signature:
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**Purpose:** All inventorial equipment located off-campus must be accounted for during the physical inventory process. If you have UC-owned or government-owned equipment at an off campus location, you must complete an Off Campus Equipment Verification Worksheet.

<b>Condition Codes:</b>	<b>First Character</b> _____	<b>Second Character</b> _____
	N - New	1 - Excellent
	E - Used, reconditioned	2 - Good
	O - Used, without reconditioning	3 - Fair
	R - Repairs needed	4 - Poor

If you have any questions or need help completing this form, call (831) 459-2355

**Unit/Dept. Equipment Custodian:** Submit completed form along with EQ920 to:  
Attn: Equipment Administration, Mail Stop: Accounting Office