**DANVILLE COMMUNITY COLLEGE**

**REMOVAL OF VCCS EQUIPMENT**

**OFF STATE PREMISES**

AGENCY NUMBER EQUIPMENT ID NUMBER

DESCRIPTION

SERIAL NUMBER MODEL NUMBER

ANTICIPATED DATE TO BE REMOVED FROM STATE PREMISES

ANTICIPATED DATE TO BE RETURNED TO STATE PREMISES

REASON FOR REMOVAL FROM STATE PREMISES

EMPLOYEE RESPONSIBLE FOR EQUIPMENT

EMPLOYEE SIGNATURE DATE

SUPERVISOR’S APPROVAL DATE

**RETURN OF VCCS EQUIPMENT TO STATE PREMISES**

The equipment item identified above was returned to state premises on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in satisfactory condition.

SUPERVISOR’S SIGNATURE DATE