

 **College of Medicine**  PO BOX 100177

 Department of Health Outcomes and Policy Gainesville, FL 32610-0177

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: University Property Services

FROM: Jennifer Miller / Property Custodian

 Department of Health Outcomes and Policy & ICHP

SUBJECT: Items that cannot physically be scanned

Due to the below equipment being housed at \_\_\_\_\_\_\_\_\_\_(address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_due

to \_\_\_(reason)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The user, \_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is responsible for this equipment is a non-UF staff.

Apple iPad SN# XXXXX User – Jane Doe .

Apple iPad SN# XXXXX User – Jane Doe .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User’s signature

Returned on (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: (Name/Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Internal Use: purchased on Project/SOF # \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_