

AT HOME /OFF CAMPUS EQUIPMENT FORM

Please complete the form in its entirety and return the completed form via mail, fax, or email to:

Lakesha Brown, Property Manager

Campus Facilities and Operations - Box#: A-213

Phone#: 646-660-6052 Fax#: 646-660-6031

Emails: lakesha_brown@baruch.cuny.edu

Name of Faculty/Staff ren	noving equipment on car	mpus:			
Off campus equipment ad	ldress:				
Department:		Title:	Title:		
Building/Floor/Room#: _	Email	address:			
Date Removed:					
Equipment Description	Manufacturer	Model#	Serial/Service Tag#	CUNY Tag#	