



**DATE:** \_\_\_\_\_

**TO:** Equipment Accounting Department

**SUBJECT:** Accountable Equipment Officer and other Authorized Personnel

Organization Name: \_\_\_\_\_

Organization # (or Range of #s): \_\_\_\_\_

The following person is the Accountable Equipment Officer for organization(s) within the above referenced range.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus Address

\_\_\_\_\_  
Phone Number

The following individual(s) are authorized to sign Equipment Disposition Forms for organization(s) within the above referenced range.

Please **print** names below.

1. \_\_\_\_\_

\_\_\_\_\_  
Signature

2. \_\_\_\_\_

\_\_\_\_\_  
Signature

3. \_\_\_\_\_

\_\_\_\_\_  
Signature

4. \_\_\_\_\_

\_\_\_\_\_  
Signature

Attach additional sheets if needed.

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

Department Head/Manager/Director

\_\_\_\_\_  
Print name and title

***Only the Department Head, Manager, or Director can designate the Accountable Equipment Officer and approve authorized signors.***