

NC State University
Equipment Tracking Home/Portable Use Authorization Form CA-2

Department Statistics OUC 178501
Name of User Len Stefanski Work Phone _____
Description of Equipment Dell XPS 17 Laptop CAMS Tag# _____
Use Type: Home Portable Other _____

Justification for home/portable use

Dell XPS 17-9710 laptop SN: GJTfMG3

To be returned: Annual renewal Date _____ Other No longer needed.

User Signature _____ Date 01/2022

Approved By

Signature _____ Print Name Terry Byron Date 01/2022

Title Dean Director Department Head Other Systems Administrator

CAMS system updated to "H"

Complete Upon Return of Equipment

The equipment listed above has been returned Return Date _____

User Signature _____ Date _____

Verified by (signature) _____ Date _____

Title Dean Director Department Head Other _____

Instructions for Initial Authorization: Complete the top portion of the form and save for departmental files. CAMS coordinator should update the online CAMS system to reflect "Home Use" as the condition code of the asset.

Instructions for Return: Complete the bottom portion of the form. CAMS coordinator should update the condition code of the asset using the online CAMS system. Retain this form for departmental files.