

# Off-Campus Equipment Verification Form

University of Wisconsin – Madison  
Accounting Services – Property Control  
Suite 6101, 21 North Park Street, Madison WI 53715-1218  
[Property@bussvc.wisc.edu](mailto:Property@bussvc.wisc.edu) 608-265-7830

This form is to be completed for all Capital Equipment located off-campus. The form can be signed by either site personnel or by a University of Wisconsin employee who has visited the site and can verify the information requested. The equipment is identified as follows per attached listing:

Asset Tag(s): \_\_\_\_\_

Description(s): \_\_\_\_\_

Please complete the following:

## Equipment Location:

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Equipment Status:

(one of the following MUST be checked)

In Use

Idle, but required

Not required, Excess

## Equipment Condition:

Indicate condition for item(s)

Usable

Needs Repair(s)

Salvage

Scrap

I hereby certify the property is located at the address indicated. Furthermore, I can personally verify the asset tag(s) is attached to the property. Any exceptions are noted under Comments. I agree not to move the equipment from this site without expressed written approval from the University of Wisconsin-Madison.

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

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

Title: \_\_\_\_\_

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

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

## Comments: