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CHART FIELD COMBINATION (Use one per form.) Op Unit **Fund Dept ID** Product Initiative Project USF Tag # Description Serial ID Return Ret Loc Valid for Calendar Year **Purpose** PropertyUse Address USF CustodianName (Type or PrintLegibly) Employee ID# USF OfficeLocation BLDG Room# I have read and understand the university procedures and requirements regarding posts property use. I acknowledgeand acceptfullresponsibilityforthe abovedescribedequipment. I agree to reimburse the University of South Florida for damage or loss resulting from negligence. I understand that I may be charged a daily rental fee for use other than official university business. I understand that this equipment may need to be returned to the universityatany reasonabletimeforinventory verification. CustodianSignature Date **CUSTODIAN SUPERVISOR AUTHORIZATION (REQUIRED)**