



**MEDICAL COLLEGE OF GEORGIA MATERIAL MANAGEMENT/ASSET
MANAGEMENT DEPARTMENT PROPERTY LOAN AGREEMENT
(Revised 9/06/06)**

I _____ / _____ / _____
EMPLOYEE (PRINT) DEPARTMENT (8)DIGIT DEPT ID

Request permission to remove PROPERTY from campus that is owned by THE MEDICAL COLLEGE OF GEORGIA. Property will be used only in the performance of **official duties** for the MEDICAL COLLEGE OF GEORGIA. Board of Regents Policy states that loaned PROPERTY cannot be used for PERSONAL use. If PROPERTY is stolen or lost, I understand that a **POLICE REPORT** documenting forced entry is required. Property will be used for the following **REASON:**

PROPERTY LOANED WILL be USED, PROTECTED and located at:

_____ / _____ / _____
ADDRESS (PRINT) CITY STATE

PROPERTY will be returned to THE MEDICAL COLLEGE OF GEORGIA

Department on or before _____ / _____ / _____
MONTH DATE YEAR

It is the responsibility of the Department Control Officer/Employee to notify Asset Management, phone 721-2154, or **fax 721-9642** that property has been **returned**.

I request loan of the following PROPERTY from **Dept ID#** _____

Serial# and, MCG Record Number	Description Name, model	Present Location Property Building & Room
_____	_____	_____
_____	_____	_____

New Agreement **Renewal Agreement**

EMPLOYEE SIGNATURE DATE FAX PHONE

ASSISTANT PROPERTY CONTROL OFFICER SIGNATURE DATE DEPARTMENT HEAD SIGNATURE

DEPARTMENT ID # _____ FAX _____ PHONE _____

ASSET MANAGEMENT SIGNATURE (HSB 327), FAX: 721-9642, PHONE: 721-2154 Date _____

This Loan Agreement is not valid for more than one year. Property must be returned on or before return date.