

**N.C. STATE UNIVERSITY
CAPITAL ASSETS MANAGEMENT SYSTEM
STORAGE OF ASSETS ON PRIVATELY OWNED/LEASED PREMISES**

OFF-CAMPUS STORAGE FACILITY

BUILDING NAME _____
ADDRESS _____

LENGTH OF TIME ASSET WILL BE STORED AT THIS FACILITY _____

REASON FOR OFF-CAMPUS STORAGE _____

DESCRIPTION OF ASSETS

ASSET NUMBER (Tag Number)

Dean/Director/Department Head's Signature

Date

Print Name & Title

PLEASE FORWARD COMPLETED FORM TO:

ASSET MANAGEMENT
EMAIL: ASSETMANAGEMENT@NCSU.EDU
ADMINISTRATIVE SERVICES II
CAMPUS BOX 7205