



# GOVERNMENT OF THE U.S. VIRGIN ISLANDS

## HOME USE AUTHORIZATION



Authorization No. \_\_\_\_\_

Department/Agency/Bureau \_\_\_\_\_

Division \_\_\_\_\_

Location \_\_\_\_\_

Name of User \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_

Description of Equipment \_\_\_\_\_

Asset ID No./Condition Code \_\_\_\_\_

Serial No. \_\_\_\_\_

Justification for Home Use:

<b>To Be Returned:</b>	
<input type="checkbox"/> <b>Annual Renewal</b>	
Date:	
<input type="checkbox"/>	
Other:	
<input type="checkbox"/>	

User's Signature & Date:
Approved by (Sign & Date):
Print Name/Title:

### Complete Upon Return of Equipment

The equipment listed above has been returned.

User's Signature & Date: \_\_\_\_\_

Verified by (Sign & Date): \_\_\_\_\_

\* Condition Code: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

**Instructions for Initial Authorization:** Complete and send original to the respective Agency Head's Office until the equipment is returned. The Departmental Accountable Officer should also retain a copy of this form.

**Instructions for Return:** Use retained original, complete bottom portion of form and return to the respective Agency Head's Office. The Departmental Accountable Officer should also retain a copy of this form.

\*Condition Codes:

**E - Excellent      G - Good      F - Fair      P - Poor      U - Unusable      L - Lost      S - Stolen      X - Surplus**

**PRINT IN TRIPLICATE**