

End of Lease Month to Month Approval Form

The lease items listed below will not be returned in time for their scheduled pickup and the department will incur additional costs at the below monthly rates.

Requestor Information

Date of Request	_____	Department	_____
Requestor Name	_____	Principal Investigator	_____
Requestor Phone	_____	LAN Manager	_____
Requestor Email	_____	Approving DMO	_____

Asset Information

Item No.	Manufacturer / Model	Serial Number	MSIT Tag No.	Monthly Cost	Estimated Number of Months	Total

Total Cost

Justification

Signatures and Certifications

LAN Manager Signature _____ Date Signed _____

DMO Signature _____ Date Signed _____