



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
1						
2						
3						
4						
5						
Total Cost						

Justification

Signatures and Certifications

LAN Manager Signature _____ Date: _____

DMO Signature _____ Date: _____