TSU

TEXAS SOUTHERN UNIVERSITY

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AUTHORIZATION REQUEST TO
REMOVE EQUIPMENT FROM CAMPUS

The undersigned requests authorization to remove from the Texas Southern University Campus the equipment listed below belonging

to the _____ Department,   Org# _____

for the following purpose(s): _____

The undersigned certifies that:

1. The purpose(s) listed above constitute official business of Texas Southern University.

2. The equipment removed will be taken to the following address: My home (address on file) ☐ (check for yes)   or,

    _____   _____   _____   _____
    (Name of Agency, Business, etc.)   (Number and Street Name)   (City)   (State)

3. Date upon which equipment will be first removed from campus: _____

4. Date upon which equipment will be returned to campus: _____

5. Is this equipment (e.g., Laptops or PDA's) going to be taken to and from campus on a regular basis?   Yes: ☐   No: ☐

    Is it Grant or Contract Property?   Yes: ☐   No: ☐

(1) Property Inventory Number: _____   Serial Number: _____

    Description: _____   Value $ _____

(2) Property Inventory Number: _____   Serial Number: _____

    Description: _____   Value $ _____

(3) Property Inventory Number: _____   Serial Number: _____

    Description: _____   Value $ _____

I understand that I, (as a responsible Party for State Property), am under financial liability for loss or damage to this (these) item(s) if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care, safeguard, maintain and service it (them). Tex. Gov't code ann. Sec. 403.275 (Vernon Supp. 1997).

_____   _____   _____
Person Removing Property   (Please Type or Print)   Signature   Date

_____   _____   _____
Department Chairperson   (Please Type or Print)   Signature   Date

_____   _____   _____
TSU Property Manager   (Please Type or Print)   Signature   Date

Distribution: *Copy #1: Person removing property   Copy#2: Department Chairperson*   *Copy #3: TSU Property Manager*

Equipment returned on: _____   Witnessed by: _____   _____
                    Date   Department Chairperson (printed)   Department Chairperson (signature)

(forward additional copy of form to Property Management when the property is returned)

The information on this form is to be updated annually.