

REQUEST FOR AUTHORITY TO REMOVE EQUIPMENT FROM CAMPUS

THIS FORM TO BE COMPLETED AND ORIGINAL SENT TO PROPERTY MANAGEMENT OFFICE BEFORE ANY EQUIPMENT IS REMOVED FROM CAMPUS.(Bldg. 2, Room 124, UBP@Schlumberger, PRP/MGT-0900, 743-8758)
Faxes will not be accepted.

DEPARTMENT NAME: _____ Department Code: _____

I, the undersigned, request authority to remove University of Houston System property for purposes of performing official business of the University relating to my duties as an employee. I understand that I assume financial responsibility 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). If reimbursement is not made, the State Attorney General may take legal action to recover the value of the property. **Any alteration to this form will void any request to remove equipment.**

I certify that the equipment will be taken to and remain at(complete address)or travel to and from:

I will return the equipment by the date given here(date may not be later than 08/31 of current fiscal year). Renewals will be completed each fiscal year.

When equipment is returned, send a copy of this form and a memo stating equipment has been returned.

UH TAG #	Description & Serial Number	Condition	Capital Value

Employee Signature: _____ S.S. Number: _____

PRINT Employee Name: _____ UH Mail code: _____ UH Phone: _____

Supervisor Approval: _____ DATE: _____

PRINT Supervisor Name: _____ UH Phone: _____

Department Property Custodian Approval: _____ DATE: _____

PRINT Property Custodian Name: _____

PROPERTY MANAGER APPROVAL: _____ DATE: _____