

Asset Management

Authorization for Off Campus Property

(Form to be completed for off-campus asset(s) - authorization; renewal and return of property)

I, the undersigned, request authority to remove University of Houston Clear Lake 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). I also understand that my employee record will remain encumbered with responsibility for this (these) items(s) if it has not been returned to UHCL campus. 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 primarily located at:

Estimated date of return of property: Fiscal Year: Annual Re-authorization:

UHCL Tag #	Asset Description	Condition	Asset Value

Employee Name: _____ EMPL ID: _____ Employee Signature: _____

Dept ID: _____ Dept Name: _____ Phone: _____

Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Date
Dept. Property Custodian	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Date

Off-Campus Property Returned

Property Returned:	<input type="text"/>	Date Property Returned:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	UHCL Location after being returned:	
Verified & Approved by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dept. Property Custodian	Signature	Date

Please complete and submit to Asset Management, Mail Code 104.

Electronically scanned copies are accepted; e-mail to GeneralAcctg@uhcl.edu.