

University of Houston Clear Lake

Asset Management

Designation of Departmental Property Custodian

(This form to be completed at the beginning of each fiscal year. Return completed form to Asset Management, Mail Code 104. Electronically scanned copies are accepted; e-mail to GeneralAcctg@uhcl.edu.)

Department Name: _____

Dept. ID: _____

The Designated Departmental Property Custodian for Fiscal Year _____ **will be:**

Name: _____

Title: _____

EMPL ID: _____

Phone: _____

As Departmental Property Custodian, I understand my responsibility for the proper management and control of university property, and should ensure that:

- Department is in compliance with the inventory control procedures as shown in the Accounting Handbook: Asset Management.
<https://www.uhcl.edu/about/administrative-offices/finance/handbooks/documents/asset-management.pdf>
- Capital and controlled equipment/s received (by means other than purchase) is reported to Asset Management in a timely manner;
- Property is not loaned, traded, discarded, moved or cannibalized without prior approval of Asset Management;
- Property is not defaced or damaged in any way;
- Property is not returned to a vendor as a trade-in without approval of Property Management; Appropriate documentation on obsolete and excess property (capital and/or controlled only) is submitted to Asset Management for approval prior to disposal;
- Equipment is used for its intended purpose by properly trained personnel, and
- Ensure property within the department is tagged and listed in the Departmental Inventory of
- Physical Property;
- All items located off-campus is documented in the Off-campus authorization form.

I understand that, in accordance with State of Texas Asset Management policy, I may be held financially liable for loss or damage to state property under my control if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care in safeguarding, maintaining, or servicing that property. (Texas Government Code 403.275)

Approved By:

Type/Print Name

Signature

Date

Property Custodian:

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Business Administrator:

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Department Head:

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