

# University of Texas Health Science Center at San Antonio

## PROPERTY REMOVAL PERMIT

### To Be Completed Upon Removal of Property:

Department Name:	<input type="text"/>
Department ID:	<input type="text"/>
Date Removed:	<input type="text"/>
Date to be Returned*:	<input type="text"/>

### To Be Completed Upon Return of Property:

Date of Actual Return:	<input type="text"/>
Location of Actual Return:	<input type="text"/>
Person Accepting Property:	<input type="text"/>
Signature Of Accepting Person:	<input type="text"/>

**\*Date to be returned cannot extend past current fiscal year. Property removal permits expire August 31 and must be renewed each fiscal year.**

State Law provides that no person shall entrust State Property to any official, employee or to anyone else to be used for anything other than State purposes.

Inventory Tag #	Description	Serial Number

NOTE: By my signature, I attest that the property will be used for State purposes only. I understand that where State property is damaged or lost as a result of an intentional wrongful act, negligent act, or failure to exercise reasonable care to safeguard, maintain and/or service the property, that I shall be pecuniarily liable to the State for the loss sustained.

Address where property will be used: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Signature of Person Receiving Property:** \_\_\_\_\_

Printed Name of Person Receiving Property: \_\_\_\_\_

**Signature Authorizing Removal of Property:** \_\_\_\_\_  
Department Chair, Director, Administrator or Designee

Printed Name of Person Authorizing Removal: \_\_\_\_\_

Please forward one copy when property is removed from campus and forward second copy when property is returned to Campus. Please send to Property Control - Office of Accounting (Campus Mail or email Property Control-Admin).