UNIVERSITY OF NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH
PROPERTY CUSTODY RECEIPT

Department ID/Name with Inventory Accountability   **Date**

I, the undersigned, request authorization to remove from the campus of University of North Texas Health Science Center at Fort Worth the below listed equipment.

Removal of said property is for the following purpose(s):

I further certify that:

1) The purpose(s) previously stated constitute official business of University of North Texas Health Science Center;

2) Upon removing said property, I assume pecuniary responsibility during the temporary removal period;

3) Appropriate insurance coverage has been provided by either an official Health Science Center account or me (as required);

   Type proof of insurance [   ] Attach Copy

4) The below listed property will be used at the following location:

(Complete mailing or street address)

5) This equipment will first be removed from the campus on:

   Returned to the campus on: **(not to exceed 12 months)**

6) A new form must be submitted annually.

(Requestor's Name)   **(Title)**   **(Department)**

_____   [   ]

(Requestor's Signature)   **(Date of Request)**

The employee agrees the asset(s) will not be removed from campus until all appropriate approvals are obtained.

"I understand that I 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 to safeguard, maintain, and service it (them)." (Section 8.05, Article 601b, V.T.C.S.)

Tag No	Purchase Dept ID	Purchase Date	Purchase Order Value	Description	Serial No	Inventory Value

Approval: _____   _____

                Department Chairman Signature   **Date**

                _____   _____

                Property Manager   **Date**

Property Custody Return Receipt

Returned to:_____   _____   _____

Signature of Designated Authority or Asset Coordinator   **Date**   **New Location**

Original copy with signatures must be forwarded to Property Control.

Instructions

Department ID/Name with Inventory Accountability – Use the department name that has accountability for the asset.

Date – Document date.

Removal of Property - State the purpose for removing the asset off campus.

Proof of Insurance – Type name of insurance company and attach copy. Not required by all divisions.

Location – Enter the exact location the asset will be kept in safekeeping off campus.

Beginning Removal Date – Enter the first date the asset will be removed from campus.

Return Date – Enter the date the asset will be returned to campus. Not to exceed 12 months. This will be the renewal date if the asset will remain off campus after 12 months.

Personnel Information – Information pertaining to the end user must be entered. Enter the Name, Title, and Department. Signature is required and must be dated.

Asset Information – Enter the available asset information for all assets being removed from campus.

Department Chair Signature – Obtain appropriate signature approval. Send approved Property Custody Receipt to Property Control. Approval must be obtained from the appropriate position greater than the requestor.

Property Manager – Verifies all appropriate signatures have been obtained. Not an approval.

Property Custody Return Receipt – A copy of the approved Property Custody Receipt needs to be made when the asset is returned to campus. The copy must be sent to Property Control with the signature of the department chair or asset coordinator verifying the return of the asset and the new location the asset will be used.

Distribution: - The distribution of the approved Property Custody Receipt is as follows:

Original with Department Chair Signature (Institution Approval) – Property Control
Copy of approved original with Department Chair Signature - Department of Accountability (Asset Coordinator)

Distributed copy of approved original to:
(2)   Campus Police (by Property Control)
(3)   End User (by Department of Accountability)

Property Custody Return Receipt – Upon return of asset to campus.
Copy of approved original with signature of Designated Authority or Asset Coordinator forwarded to Property Control