**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON**
**TEMPORARY REMOVAL OF EQUIPMENT**
**FROM UTHSC-H PREMISES PERMIT**

*Type or print clearly*

| Date property removed (within current FY) | **Removed by Principal Investigator and used for research:** ❑ **Yes** ❑ **No** | **PeopleSoft Account Number associated with research grant:** | Date property due back (within current FY) |
|---|---|---|---|

| UTHSC-H Tag Number | Description | Serial | Model | Manufacturer |
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**Reason for Removal:**

**Person Removing Property:**

| **Department:** | **Bldg/Room #:** | **Phone #:** |
|---|---|---|

**Address property will be taken to:**

**For inventory purposes, temporarily removed assets must be scanned every other year.**

| | |
|---|---|
| The Bearer and Department Head, upon signing this permit, certify that the State property being removed will be used only for job-related duties by a Health Science Center employee. This form is NOT to be used to LEND property to individuals or institutions. | **DEPARTMENT HEAD'S SIGNATURE** |
| The Bearer accepts the responsibility of being pecuniarily liable to The University of Texas Health Science Center at Houston for property being lost, damaged or stolen due to negligence. (In accordance with State law as stipulated in House Bill # 1673, 66 Legislature, Section 8.05) | **BEARER'S SIGNATURE** |

**IF PROPERTY IS BEING REMOVED FROM THE STATE OF TEXAS, APPROVAL MUST BE OBTAINED FROM THE DEAN AND THE PROPERTY MANAGER.**

**Removal from STATE OF TEXAS approved by:**

_____
Dean

**Removal from STATE OF TEXAS approved by:**

_____
Property Manager

## COMPLETE AT THE TIME PROPERTY RETURNS:

| | **DEPARTMENT HEAD'S SIGNATURE** | **ASSET LOCATION (Bldg/Room)** | **Current Responsible Person** |
|---|---|---|---|
| The Department Head, upon signing this section, certifies that the State Property was returned undamaged. Forward signed copy to the Capital Assets Management Department (OCB 1.160). | | | |

Original to CAM. Copies to Dean's Office, Department Office, Bearer.