

This represents a **complete and final** list of all property being requested for transfer from The University of Texas Health Science Center at Houston to the agency indicated above. I understand all property not listed will remain at The University of Texas Health Science Center at Houston and is considered university property. I am responsible for ensuring the delivery of this property to the agency indicated above.

Principal Investigator: _____ Date: _____

APPROVED BY:

Department Administrator: _____ Date: _____

Dean: _____ Date: _____

Property Manager: _____ Date: _____