TEMPORARY USE OF PROPERTY AUTHORIZATION FORM

DATE: ____________________________

TO: Texas Tech Property Manager
    223 Crane Hall,Mail Stop 1103
    P. O. Box 41103
    Lubbock, TX 79409-1103

COPY TO: Texas Tech Police at Amarillo, or
         Texas Tech Police at El Paso, or
         Texas Tech Police at Lubbock, or
         Texas Tech Police at Odessa.

The following list of property will be temporarily located at ____________________________

__________________________   ____________________________
in the custody of              in the Department of ____________________________

Name                  Title

This property will only be used to accomplish Texas Tech University/Texas Tech University Health Sciences Center business. I assume full financial responsibility for this equipment while it is entrusted to me.

Temporary Custodian’s Signature

INVENTORY TAG NUMBER       DESCRIPTION
__________________________   ____________________________

__________________________   ____________________________

__________________________   ____________________________

If its expected date of return to original location is: ____________________________
The relocation shall not exceed one year.

__________________________   ____________________________
Department Name:   Date Returned
                  to Original Location

__________________________   ____________________________
Building Name & Room Number:  Verified by:

__________________________
Property Custodian:

__________________________
Immediate Supervisor’s Approval:

ATTACHMENT D
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March 11, 2002
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Instructions for Completing the

TEMPORARY USE OF PROPERTY AUTHORIZATION FORM

1. **DATE** - Enter the current date.

2. **THE FOLLOWING LIST OF PROPERTY WILL BE TEMPORARILY LOCATED AT** - Enter the address where the property will be located.

3. **IN THE CUSTODY OF** - Enter the name of the person to whom the property will be entrusted, their job title, and the name of the department where they are employed.

4. **TEMPORARY CUSTODIAN’S SIGNATURE** - The signature of the person who will be using the property.

5. **INVENTORY TAG NUMBER** - Enter the inventory number from the inventory tag. This is the number on the inventory tag which was affixed to the property by Property Inventory (not the serial number).

6. **DESCRIPTION** - Enter a brief, but accurate description of the property.

7. **EXPECTED DATE OF RETURN TO ORIGINAL LOCATION** - Enter the date that the property will be returned to the original location.

8. **DEPARTMENT NAME** - Enter the name of the department responsible for the property.

9. **BUILDING NAME** - Enter the name of the building where the property is normally located.

10. **ROOM NUMBER** - Enter the number of the room where the property is normally located.

11. **PROPERTY CUSTODIAN** - This is usually the head of the department unless the responsibility has been officially delegated to someone else in writing by the head of the department.

12. **IMMEDIATE SUPERVISOR’S APPROVAL** - In the event that the “Temporary Custodian” is also the Chairperson of the Department (Property Custodian), the approval of the Dean or Associate Vice President is also required.

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