## Off Campus Property Return Form









Department Name:				Department ID:	
New Location/Bldg/Room #				Returned Date:	
UH TAG #	Des	cription	Serial Number	Condition	Net Book Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Employee:					
		Print Name	Signature	EMPL ID	Date
Department Prope	erty Custodian				
		Print Name	Signature		Date
Attachments:		Authorization for Off Campus Property Form			
Property Management Use Only:					
					Revised 9/1/2022