

PRP-2 REQUEST FOR AUTHORITY TO REMOVE EQUIPMENT FROM CAMPUS

THIS FORM TO BE COMPLETED AND ORIGINAL SENT TO PROPERTY MANAGEMENT OFFICE BEFORE ANY EQUIPMENT IS REMOVED FROM CAMPUS.(BLDG.3, ROOM 170, UH-ERP, PRP/MGT-0905 743-2627)

Faxes will not be accepted.

DEPARTMENT NAME:

DEPARTMENT ID:

I, the undersigned, request authority to remove University of Houston System property for purposes of performing official business of the University relating to my duties as an employee. I understand that if I will be taking this equipment outside the United States, I should contact the Information Security Officer for my College, Division, or Department, as additional restrictions and regulations may apply. I understand that I assume financial responsibility 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, safeguard, maintain and service it (them). If reimbursement is not made, the State Attorney General may take legal action to recover the value of the property. Any alteration to this form will void any request to remove equipment.

I certify and designate the equipment listed below as (check one box):

OFF-CAMPUS: located and used *exclusively* at the below listed address. Not intended to be transported to any other location except to *return* it to the UH campus when no longer in use.

MOVABLE: Will routinely accompany me to and from my office or residence to meetings and other locations on and off campus. This may include returning to my residence with said equipment.

Off-Campus Address:

(Required)

I will return the equipment by the date given here (*date may not be later than 08/31 of current fiscal year*).
Renewals will be completed each fiscal year.

If item is returned, please complete the below information and send to Property Management.

Equipment Return Date: Assignee Signature: Property Custodian Signature: New Location (Bldg/Rm):

UH TAG #	Description & Serial Number	Condition	Capital Value

Employee Signature:

Empl ID:

PRINT Employee Name:

UH Mail Code:

UH Phone:

Supervisor Approval:

Date:

PRINT Supervisor Name:

UH Phone:

Department Property Custodian Approval:

Date:

Property Management Use Only:

Approval Stamp