

Texas Woman's University Property Removal Form

The undersigned hereby requests authorization to remove from Texas Woman's University campus the property listed below; and accepts full responsibility for the below listed items and agrees to return described equipment to Texas Woman's University. I understand that the property will be used for official university business only and I accept financial responsibility for loss or damage to the item(s) if the loss or damage results from my negligence, intentional act, failure to exercise reasonable care, to safeguard, maintain, and/or to service said items.

Relinquishing Department or Program Title and Name of Person Removing Property

Complete Physical Address

Employee Last Name First Middle Initial Employee Number (Required)

Street Address (No PO) City State Zip Phone Number

Date Property will be Removed: _____ Date Property will be Returned _____

Inventory Number	Description
_____	_____
_____	_____
_____	_____

Signature of Employee Removing Property Date

Signature and Title of Department Head Date