



TEXAS TECH UNIVERSITY HEALTH SCIENCES  
CENTER EL PASO

Temporary Use of Property Authorization Form  
TTUHSC El Paso Property Management

Inventory Number	Serial Number	Description (Please include Manufacturer and Model number)

The equipment listed above will be temporarily located at: \_\_\_\_\_  
\_\_\_\_\_

In the custody of: \_\_\_\_\_  
Name Title

I assume full financial responsibility for the property listed above while it is entrusted to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage, and misuse. I will use this equipment only for activities benefiting Texas Tech University Health Sciences Center El Paso. I will return the property \_\_\_\_\_ or upon separation from TTUHSC El Paso.

X \_\_\_\_\_  
Temporary Custodian Signature Date

X \_\_\_\_\_  
Property Custodian/Delegate Signature Date

Department: \_\_\_\_\_

**TO BE COMPLETED WHEN PROPERTY IS RETURNED**

Date Returned: _____
Property Custodian/ Delegate: _____

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*FORM INSTRUCTIONS*

**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. **PROPERTY CUSTODIAN'S/DELEGATE SIGNATURE** - The signature of the person responsible for the departmental inventory.
6. **INVENTORY TAG NUMBER** - Enter the inventory tag number for the property. This is the number on the inventory tag which was affixed to the property by Property Inventory.
7. **SERIAL NUMBER** - Provide the serial number of the property.
8. **DESCRIPTION** - Provide a brief description of the property.
9. **EXPECTED DATE OF RETURN TO ORIGINAL LOCATION** - Enter the date that the property will be returned to the original location.
10. **DATE RETURNED** - Enter the date the property was returned.
11. **PROPERTY CUSTODIAN/DELEGATE** - The signature of the person responsible for the departmental inventory.