

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

TEMPORARY USE OF PROPERTY AUTHORIZATION FORM

DATE: \_\_\_\_\_

TO: **Property Manager  
Cindy Collazo  
Accounting Office  
Val Verde Building**

COPY TO: **TTUHSCEP - Police**

The following list of property will be temporarily located at \_\_\_\_\_

\_\_\_\_\_ in the custody of \_\_\_\_\_  
Name Title

in the Department of \_\_\_\_\_

This property will only be used to accomplish 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

\_\_\_\_\_  
Property Custodian's Signature

INVENTORY TAG NUMBER	SERIAL #	DESCRIPTION

Expected date of return to original location: \_\_\_\_\_  
The relocation shall not exceed one year.

**To be completed once the property is returned (not to exceed one year):**

Date Returned: _____	Building Name: _____	Room Number: _____
Verified by: _____		
Immediate Supervisor's Approval: _____		
Property Custodian: _____		