



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Inter-agency Property Transfer Request

Transferor Agency: TTUHSC EL PASO Agency Number: 774

Transferee Agency: _____ Agency Number: _____

Agency Representative: _____ Phone: _____

Property custodian's signature indicates that all items have been checked and ALL confidential information removed.

Property Custodian: _____ Date: _____
 (Signature)

TTUHSC El Paso Inventory Tag Number	Description	Serial #	Unit Cost	Other Agency's Inventory Tag Number

All sections must be completed/signed before submitting.

Does the equipment store any data? Yes No

Computing Device Certification: To be completed by IT department.
 I certified the equipment has been checked and cleared of any hard drive and storage media.
 Print Name: _____ IT Signature: _____ Date: _____

Confidential and Hazardous Certification: To be completed by Custodian/Delegate.
 I certify that all item(s) have been declared surplus and cleared of any hazardous material and/or confidential information (i.e. file cabinets, drawers, enclosed areas, etc.). *Attach Decontamination Form (HSCEP OP 75.05, Attachment A) if applicable.
 Print Name: _____ Custodian/Delegate Signature: _____ Date: _____

TO BE COMPLETED BY PROPERTY INVENTORY

SIGNATURE: _____ DATE: _____

Submit

Please click the **Submit** button to email the completed form to: baelp-asset.accounting@ttuhsc.edu (Property Management).