

REMOVAL OF EQUIPMENT FORM

This form is to be used when removing UTSA Controlled/Capital equipment from any campus location for official use.

- INSTRUCTIONS:**
1. **(Form Must Be Typed)** Complete this form and Obtain authorized signatures.
 2. Submit the completed ORIGINAL form to the Inventory Department and Retain a copy for your records.
 3. Upon return of equipment, Complete bottom portion and Submit to the Inventory Department.

1. The **UNDERSIGNED REQUESTS** authorization to **REMOVE** from the campus of **The University of Texas at San Antonio**, the equipment listed below belonging to the _____ Department

Unit Code _____ Phone Ext. _____ Today's Date _____

2. The **UNDERSIGNED CERTIFIES** that: The **PURPOSE** for **EQUIPMENT REMOVAL** constitutes **OFFICIAL** University business.

PURPOSE: _____

LOCATION (street address) of the removed equipment: _____

DATE equipment will be **REMOVED** from UTSA Campus _____ **DATE** equipment will be **RETURNED** to UTSA Campus _____

3. THE UNDERSIGNED ACCEPTS FIDUCIARY RESPONSIBILITY FOR THE PROPERTY TAKEN OFF CAMPUS, AND IF NEGLIGENTLY LOST, STOLEN OR DAMAGED WILL REPLACE OR REIMBURSE THE UNIVERSITY FOR THE TOTAL OR REPLACEMENT COST OF THE PROPERTY. I WILL SURRENDER THE PROPERTY UPON DEMAND, TRANSFER OR SEPARATION FROM UTSA AND UNDERSTAND ALL PROPERTY SIGNED OUT MUST BE MADE AVAILABLE FOR SCANNING AT LEAST ONCE PER YEAR FOR THE DEPARTMENTAL ANNUAL PHYSICAL INVENTORY.

4. WHEN REMOVING A LAPTOP COMPUTER/NOTEBOOK, I UNDERSTAND THAT THIS COMPUTER SHALL NOT BE REMOVED FROM THE UTSA CAMPUS UNLESS IT HAS BEEN ENCRYPTED OR HAS BEEN FORMALLY APPROVED FOR A WAIVER BY THE UTSA OFFICE OF INFORMATION SECURITY IN ACCORDANCE WITH THE LAPTOP ENCRYPTION POLICY/STANDARD (HANDBOOK OF OPERATING PROCEDURES 8.12). I HAVE VERIFIED THAT THIS COMPUTER IS ENCRYPTED OR THAT I HAVE RECEIVED A WAIVER FROM THE INFORMATION SECURITY OFFICE.

5. A SIGNED COPY OF THIS FORM MUST ACCOMPANY THE ITEM WHILE OFF CAMPUS AND MUST BE PRESENTED UPON REQUEST BY UTSA POLICE.

(REMOVAL DATE IS VALID FOR ONE YEAR)

BARCODE/ INVENTORY TAG NUMBER	SERIAL NUMBER	DESCRIPTION OF ITEM	VALUE (\$)

REQUIRED SIGNATURES

Person Removing Property	Signature	Banner Number	Date
Authorized Departmental Administrator/Chair/Director	Signature		Date
Dean/Associate VP/Vice President	Signature		Date

DO NOT COMPLETE THIS BOX UNTIL THE EQUIPMENT HAS BEEN RETURNED TO UTSA CAMPUS.

Item Returned to Dept./Office	Bldg.	Rm. #
Person Returning Property	Signature	Today's Date
Received by Authorized Departmental Official	Signature	Today's Date