



REMOVAL OF EQUIPMENT

This form is used to obtain authorization to remove University property/equipment from campus.

Instructions: (Form Must Be Typed)

- 1) Complete this form to obtain authorization to remove university property/equipment from campus.
- 2) Submit the approved original to your Department's Inventory Contact Person (ICP) and retain a copy.
- 3) Upon return of equipment, please contact your ICP so they may document the return of equipment to campus.

***NOTE:** Equipment removals involving locations outside of the U.S., must be pre-screened by Export Control
<http://research.utsa.edu/research-funding/regulatory-requirements/export-control/travel/>

REQUESTER/DEPARTMENT DETAILS

The undersigned (Employee) requests authorization to temporarily remove equipment from campus at The University of Texas at San Antonio. The undersigned (Supervisor/Manager) certifies the removal of equipment is necessary to conduct official, University business. The equipment (listed below) is assigned to:

Department Name: _____ DeptID: _____

Business Purpose: _____

Off Campus Location/Address: _____

Date of Removal: _____ Anticipated Date of Return: _____

EQUIPMENT TO BE REMOVED

TAG #/BAR CODE	SERIAL ID	DESCRIPTION	COST OF EQUIPMENT

CERTIFICATION

The undersigned (Employee) accepts fiduciary responsibility for the property being removed from campus. This responsibility includes: (1) replacing, or reimbursing the University for property which becomes lost, stolen, or damaged (due to negligence), while in your care; (2) making the property available for scanning during your Department's Annual Physical Inventory; and (3) returning any and all property covered by this agreement, should you separate from the University.

Data Encryption Certification: The undersigned (Employee and Manager) certify that any computer equipment (desktop, laptop, and/or handheld device) being removed, has been encrypted and registered in Insight, or has a registered exemption in Insight.

It is recommended that a copy of the Removal of Equipment Form remain with the equipment when it is being removed from campus.

AUTHORIZATION SIGNATURES

Employee ID: _____

Employee Removing Equipment _____ Signature _____ Date _____

Supervisor/Manager _____ Signature _____ Date _____

Property Custodian _____ Signature _____ Date _____

***The Original Removal of Equipment Form MUST BE Provided to Your ICP**

INVENTORY CONTACT PERSON

ICP Please provide employee with a copy once complete. ICP: _____ (Initials) Date Received: _____

COMPLETE UPON RETURN OF EQUIPMENT

Employee Returning Equipment _____ Signature _____ Date _____

Verified by Property Custodian _____ Signature _____ Date _____