

UTSA Financial Affairs

Removal of Equipment

This form is used to obtain authorization to remove university property from campus.

Instructions: (Form must be typed)

- 1) Complete this form to obtain authorization to remove university property/equipment from campus.
- 2) Equipment removals involving locations outside of the U.S., must be pre-screened by [Export Control](#), email: export@utsa.edu
- 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.

REQUESTER/DEPARTMENT DETAILS			
The undersigned (Employee) request authorization to temporarily remove equipment from The University of Texas at San Antonio campus. The undersigned (Department Manager) certifies the removal of equipment is necessary to conduct official university business. The equipment listed below is assigned to:			
Department Name:		Dept. ID:	
Business Purpose:			
Off Campus Location/Address:			
Date of Removal:		Anticipated Date of Return:	
EQUIPMENT TO BE REMOVED			
TAG Number	SERIAL ID	DESCRIPTION	COST OF EQUIPMENT
CERTIFICATION			
<p>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 all property covered by this agreement, should you separate from the University.</p> <p>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.</p>			
Responsible Parties	Name	Signature	Date
1. Employee:			
Employee ID Number:			
2. Department Manager:			
3. Dean/VP:			
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			
Responsible Parties	Name	Signature	Date
4. Employee			
5. Verified by Department Manager/VP/Dean			