



TEXAS TECH UNIVERSITY HEALTH SCIENCES
CENTER EL PASO

Temporary Use of Property Authorization Form
TTUHSC El Paso Property Management

Inventory Number	Serial Number	Description (Please include Manufacturer and Model number)

The equipment listed above will be temporarily located at: _____

In the custody of: _____
Name Title

I assume full financial responsibility for the property listed above while it is entrusted to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage, and misuse. I will use this equipment only for activities benefiting Texas Tech University Health Sciences Center El Paso. I will return the property _____ or upon separation from TTUHSC El Paso.

X _____
Temporary Custodian Signature Date

X _____
Property Custodian/Delegate Signature Date

Department: _____

TO BE COMPLETED WHEN PROPERTY IS RETURNED

Date Returned: _____
Property Custodian/ Delegate: _____