



PROPERTY TRANSFER FROM NON-TEXAS UNIVERSITY OR AGENCY, OR PRIVATE INSTITUTION

To be completed by non-Texas university or agency, or private institution transferring the equipment.

Institution/Agency Name: _____

Institution/Agency Property Manager:

Name

Signature

Email

Phone Number

Date of Equipment Transfer: _____

Capital Equipment Transferred:

| Property Number | Description | Serial Number | In-Service Date | Historical Cost | Accumulated Depreciation | Cash Proceeds or Estimated FMV |
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To be completed by TTUHSC department receiving the equipment.

My department accepts financial liability for loss or damage to this equipment. All listed property numbers and serial numbers have been verified and are hereby received.

Department Name: _____ **Orgn Code:** _____

Property Custodian:

Name

Signature

Email

Phone Number

Date Equipment Received: _____

Email completed form to Property Management at PropertyManagement@ttuhsc.edu.