



# INTERAGENCY PROPERTY TRANSFER FROM TEXAS STATE AGENCY

To be completed by Texas agency transferring the equipment.

**Agency Name:** \_\_\_\_\_ **Agency Number:** \_\_\_\_\_

**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	TTUHSC Property Number

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](mailto:PropertyManagement@ttuhsc.edu).