



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.