



Asset Management
Removal of Equipment from Division of Enterprise Development

The undersigned requests authorization from the campus of the University of Texas at Arlington the equipment listed below belonging to and Cost Center/Project ID. _____ for the following purpose(s):

The undersigned certifies that:

1. The purpose(s) listed above constitutes official business of the University of Texas at Arlington

1. The equipment removed will be taken to:

3. Date equipment will be removed from DED:

4. Date equipment will be returned to DED:

5. Person responsible for equipment removed from DED:

Printed name of person responsible for equipment

Signature of person responsible for equipment

DATE

Title

Signature of Department

DATE

Asset ID/Tag # or Serial #	Date Acquired	Description	Recorded Value

Note: When an item of equipment is taken off campus, the individual doing so assumes financial responsibility for the property. The equipment must be returned to the program at the address below using the label provided with the equipment. If the equipment is not received on or before the return date listed above, the value of the equipment will be deducted from the responsible party's invoice or PSA.

**The University of Texas at
Arlington ATTN: TxLTAP
140 W Mitchell Street
Arlington, Texas 76019**

Original to be retained by Department