**Stephen F. Austin State University**

 **REMOVAL OF PROPERTY FROM CAMPUS REQUEST**

**This form must be resubmitted at the beginning of EACH fiscal year.**

The Property Custodian listed below requests authorization to remove the listed equipment for official business from the Stephen F. Austin State University campus.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Org#** | **Box#** | **Property Custodian** | **Campus ID#** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SFA Inv #** | **Description** | **Purch Date** | **Purch****Cost** | **Purpose for Removal** | **Off Campus****Location**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Date to be REMOVED**  | **Date to be RETURNED** |
|  |  |

**During annual inventory** any equipment removed from campus **mus**t be either returned to the campus, or the employee must provide a picture of the equipment, date and time stamped, clearly showing the property number and condition of the property. See Property Inventory and Management Policy 17.14.

In accordance with Texas Government Code 403.275 I understand that I am liable for SFA property assigned to me. See Property Liability Policy 16.22**.**

**Property Custodian Signature Title Date**

**Equipment Manager /Designee Signature Printed Name Campus ID #**

(Department Head)

**Please forward the signed Original copy of this form to the Property Office at Box 13030, or scan and email to** **Property@sfasu.edu****.**