Lamar University • Property Management Department
PO Box 10004 • (409) 880-1886 or (409) 880-8898
logisticalsupport@lamar.edu

Office Use Only

TRANSFER OF DEPARTMENT PROPERTY CUSTODIAN RESPONSIBILITY

Department: _____

OUTGOING

I hereby certify that to the best of my knowledge and belief, all personal property belonging to or under this department has been properly accounted for as of this date.

Name		**Title**	
Signature		**Date**	
Witness Name		**Title**	
Signature		**Date**	

INCOMING

As the Department Property Custodian, I am aware of my responsibility for proper management and control of University property, and should ensure that:

- all capital and controlled property is tagged,
- all property is used for University purposes only,
- equipment is used for its intended purpose by properly trained personnel,
- property is not loaned, traded, discarded, moved, or cannibalized without approval of Property Management,
- property is not defaced or damaged in any way,
- property is not returned to a vendor as a replacement or trade-in without prior approval of Property Management,
- obsolete and excess property is turned in to Property Management for disposal, and
- a Request to Remove Equipment from Campus form has been submitted and will be renewed annually for all equipment used off campus.

I understand that, in accordance with State of Texas property management policy, I may be held financially liable for loss or damage to University property under my control if the loss or damage results from negligence, intentional wrongful act, or failure to exercise reasonable care in safeguarding, maintaining, or servicing that property by myself or anyone I authorize. (According to Texas Government Code Sec. 403.275)

Name		**Title**	
Signature		**Date**	
Witness Name		**Title**	
Signature		**Date**	

Retain a copy for your files and return the completed form with the copy of your reviewed department's physical inventory list to LogisticalSupport@Lamar.edu or to PO Box 10004.

OFFICE USE ONLY BELOW THIS LINE

☐ SPA ☐ L DRIVE Initials: _____ Date: _____

Property Manager Signature: _____ Date:_____

Revised 01/14/2020