CHECK-OUT INFORMATION					
Department/Sub-department		Name of persor	in custody of the	e asset (Ple	ase print)
Asset #: Asset Desc		cription:			
Serial #: Current C		ndition: Excel	lent Good	Fair	Poor
Date Property Checked-out:	Purpose for	off-campus use:			
I understand that the above-listed property is to be used to conduct official Texas A&M University-Corpus Christi business or instruction.					
I understand that I am responsible for the property listed above while it is on loan to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage, and misuse.					
I understand that in case of loss or damage to the property, I may be held liable. Determination of liability is made after the University Police Department conducts an investigation and by Department Head.					
Borrower's Signature		Date			
Individual identified above is authorized to remove the above-described property as requested from the Texas A&M University-Corpus Christi campus.					
Authorized by: (Both signatures required)					
Accountable/Alternate Property Officer Signature		Date			
Department Head/Director Signature		Date			
CHECK-IN INFORMATION Individual identified below has returned the above-described property to Texas A&M University-Corpus Christi as required.					
Department/Sub-department		Name of person returning the asset (Please print)			
Date property returned:		Signature:			
ASSET VERIFICATION					
Individual identified below has visual verified asset information, and accept				ribed pro	perty,
Department/Sub-department		Name of person accepting return of property (Please print)			
Asset Tag # verified: Yes No S	erial # verified:	Yes No	Asset description	verified:	Yes No
Property Condition upon return:					
Date property accepted:		Signature:			