Texas Woman’s University
Property Return Form

This form should be completed and returned to Property Control when property has been removed from campus, and now is being returned to campus.

_________________________________
Department/Program Returning Property

____________________________
Title and Name of Person Returning Property

Complete Physical Address

____________________________
Date Returned:___________________

__________________________________________________
Employee Last Name

_______________
First

_______________
Middle Initial

_______________
Employee Number

Street Address

_______________
City

_______________
State

_______________
ZIP

_______________
Phone Number

To Location

____________________________
Asset Number

____________________________
Description

_______________
Bldg

_______________
Room Number

____________________________
Asset Number

____________________________
Description

_______________
Bldg

_______________
Room Number

____________________________
Asset Number

____________________________
Description

_______________
Bldg

_______________
Room Number

Signature of Employee Returning Property

____________________________
Date

Signature and Title of Department Head

____________________________
Date

Property Control Only

Date Updated in Oracle

____________________________
Person Posting: __________________________