



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

Office Use Only

DESIGNATION OF PROPERTY CUSTODIAN

This form is to be completed and returned to Property Management at the beginning of each fiscal year. Email completed form to LogisticalSupport@Lamar.edu If unable to scan, send to PO Box 10004.

Department: _____

The Designated Department Property Custodian for Fiscal Year _____ will be:

_____ (type name of Property Custodian)

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

- all capital and controlled property is tagged,
- property is used for University purposes only,
- equipment is used for its intended purpose by property 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, and
- obsolete and excess property is turned in to Property Management for disposal.

NOTE: Assignment of responsibility for university property to another individual is documented as prescribed by policy. All items located off-campus should be assigned to the individual requesting assignment, and a Remove Equipment from Campus Request form submitted to Property Management and renewed annually.

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)

Property Custodian Signature: _____ ID #: L2 _____

Printed Name: _____ Phone #: _____

Division/College Administrator Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

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SPA SPREADSHEET

Initials: _____ Date: _____

Property Manager Signature: _____ Date: _____