

**TEXAS A & M UNIVERSITY - KINGSVILLE
DEPARTMENT INVENTORY INFORMATION AND AUTHORITY**

SECTION I: DEPARTMENT INFORMATION

Department Code: _____ Mail Stop: _____
Department Name: _____
Department Head: Name: _____
Title: _____
UIN #: _____
Phone Number: _____
E-mail Address: _____

SECTION II: ACKNOWLEDGMENT BY DEPARTMENT HEAD

I understand that I am under financial liability for loss or damage to these items if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain, and service them. If I delegate an alternate APO, I am not relieved of my aforementioned responsibility.

Signature of Department Head

Date: _____

X _____

SECTION III: DESIGNATION OF ALTERNATE ACCOUNTABLE PROPERTY OFFICER (Alt APO)

Alternate APO Name: _____
Title: _____
FAMIS ID: _____
UIN #: _____
Phone Number: _____
E-mail Address: _____

I hereby acknowledge designation as Alternate Accountable Property Officer for this department and understand that I am to act on the behalf of the Department Head (Accountable Property Officer) in his/her absence.

Signature of Alternate APO

Date: _____

X _____