

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI  
TRANSFER DEPARTMENTAL PROPERTY (TDP) APPROVAL AUTHORIZATION FORM**

FOUR/FIVE LETTER DEPT CODE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUB DEPT CODE: \_\_\_\_\_

RESPONSIBLE PERSON: \_\_\_\_\_  
(s/b listed as approver below)

UIN: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EXT: \_\_\_\_\_

**Part A**

Do you want the TDP routing to follow your normal department routing and approval paths?

Yes      If yes, please skip Part B and sign bottom of form.

No      If no, please continue to Part B.

**Part B**

**APPROVER #1** (optional-fill in if a stop is needed prior to final approver )

NAME \_\_\_\_\_

UIN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**APPROVER #1 - SUB**

NAME \_\_\_\_\_

UIN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**FINAL APPROVER** (ONLY STOP OR FINAL STOP TO APPROVER #1)

NAME \_\_\_\_\_

UIN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**FINAL APPROVER - SUB**

NAME \_\_\_\_\_

UIN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\*\*Your signature on the line below authorizes the routing in FAMIS to be as stated above.  
Please sign to acknowledge your department's TDP routing and approval path.

\_\_\_\_\_  
Signature of Accountable Property Manager

\_\_\_\_\_  
Dept Code

\_\_\_\_\_  
Date