

Equipment Change in Status Form

Tag # (5 Digits): _____ PI Name: _____
Department #: _____ Building: _____
Acquisition Cost (if known): _____ Room #: _____
Speedtype: _____ Serial #: _____
Description: _____ Model #: _____

Is Equipment (select one from drop down menu)

SECTION A - Transferring out of CWRU

Retirement
Sold/Traded Proceeds _____ Traded for: _____

Speedtype & Account Proceeds Deposited To:

Moving with PI to another Institution Name of Institution: _____

If equipment is being transferred out of CWRU per a proposed contract, it must be reviewed by the Office of General Counsel, and then only may be signed by authorized signors on behalf of the university, before the transfer can occur.

SECTION B - Transferring into CWRU

Please contact Equipment Accounting at controller-equipment@case.edu or 368-5946.

SECTION C - Transferring from one department to another

Old Department # _____
New Department # _____
New Custodian _____
New Speedtype (if applicable) _____
New location _____

SECTION D - Changing physical location only

Department # _____
Old Location _____
New Location _____

APPROVALS:

	Name	Signature	Date
Department Administrator	_____	SignatureField <input type="text"/>	_____
Department Chair *	_____	SignatureField <input type="text"/>	_____
Dean's Office Designee*	_____	SignatureField <input type="text"/>	_____
Environmental Health & Safety	_____	Signature Field <input type="text"/>	_____
Office of Research Administration**	_____	SignatureField <input type="text"/>	_____
[U]Tech Information Security Office**	_____	SignatureField <input type="text"/>	_____
Export Control officer (Compliance)**	_____	SignatureField <input type="text"/>	_____

* Not needed for Section D

**Only needed for Section A

If equipment is being transferred out of CWRU per a proposed contract, the contract must first be reviewed by the Office of General Counsel, and then only may be signed by authorized signors on behalf of the university, before the transfer can occur.

This section to be completed by Equipment Accounting

Equipment Accounting

Signature Field

Date processed in AM

Please e-mail completed form to controller-equipment@case.edu or mail to:

EQUIPMENT ACCOUNTING
 BioEnterprise Building
 LC 7006
 ROOM 351