

### Request to Transfer/Sell Equipment to Another Domestic Institution

Please complete the below information for the equipment you wish to transfer/sell from the University and the “[Detail Equipment Request to Transfer](#)” for each equipment item. If you have questions, please call Becky Saylor (231-6049).

Transfer Requested by: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Number: \_\_\_\_\_ Date: \_\_\_\_\_

Total Original Dollar Amount of Equipment to be transferred/sold: \_\_\_\_\_  
(Attach Detail Equipment Request to Transfer form)

Receiving Institution: \_\_\_\_\_

Receiving Institution Address: \_\_\_\_\_

Contact at Receiving Institution: \_\_\_\_\_

Contact Telephone Number/Email: \_\_\_\_\_

Effective Date of Transfer: \_\_\_\_\_

Original Funding Source of Equipment:

Federal

State

Private

Donation

If the sponsor retained title to the equipment please attach written authorization to transfer/sell the grant or contract and related equipment to the other institution.

- Will the principal investigator continue the same research project at the new institution under the same sponsorship?
- Is the equipment so specialized that it has limited use in other research projects?
- Is the cost of the equipment so significant that it would cause a hardship to the university to replace it with other means?
- Will the transfer/sale affect the research function of the department and its faculty members?
- Can this equipment be declared surplus?

YES/NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**This request must be approved by the required offices/individuals and payment received before the equipment can be physically removed from the University, in accordance with University Policy 3951.**

**Approvals:**

P.I. or Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if aggregate original cost is greater than \$10,000)

Provost: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if requestor is a Department Head and if aggregate original cost is greater than \$10,000)

Office of Sponsored Programs: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if grants and contracts are involved)

VP Budget and Finance: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if aggregate original cost is greater than \$100,000)

Legal Counsel: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if aggregate original cost is greater than \$100,000)

I have reviewed the above equipment and all meet the exceptions contained in Policy 3951 'Transfer of Equipment from the University to Other Domestic Institutions' for equipment not owned by the university or purchased on a active sponsored project for a no cost transfer except as listed below:

Manager of Fixed Assets: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the sale of these \_\_\_\_\_ items specified above to \_\_\_\_\_  
for \_\_\_\_\_.

Surplus Property Manager / Purchasing Director \_\_\_\_\_ Date: \_\_\_\_\_

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