

# Equipment Change in Status Form

*This form is to be used to notify Equipment Accounting of any changes to equipment items that need to be made to the University's Equipment Inventory records.*

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: \_\_\_\_\_

## SECTION B - Transferring into CWRU

Please contact Equipment Accounting at [controller-equipment@case.edu](mailto:controller-equipment@case.edu) or 368-5183.

## 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 \_\_\_\_\_  
New Custodian (if applicable) \_\_\_\_\_

**APPROVALS:**

	Name	Signature	Date
Department Administrator	_____	Signature Field <input type="text"/>	_____
Department Chair *	_____	Signature Field <input type="text"/>	_____
Dean's Office Designee*	_____	Signature Field <input type="text"/>	_____
Environmental Health & Safety	_____	Signature Field <input type="text"/>	_____

\* Not needed for Section D

This section to be completed by Equipment Accounting

Equipment Accounting	<input type="text"/>	Signature Field <input type="text"/>
	Date processed in AM	<input type="text"/>

Please e-mail completed form to [controller-equipment@case.edu](mailto:controller-equipment@case.edu) or mail to:

EQUIPMENT ACCOUNTING  
BioEnterprise Building  
LC 7006  
ROOM 351