## **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)							
Obsolete Equipment							
SECTION A - Transferring out of CWF	RU						
Retirement							
Sold/Traded Proceeds	Traded for:						
Speedtype & Account Proceeds Depo	osited 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 CWRL	J						
Please contact Equipment Accounting	g at controller-equipment@case.edu or 368	-5946.					
SECTION C - Transferring from one of	lepartment to another						
Old Department #							
·							
New Department #		-					
New Custodian		-					
New Speedtype (if applicable)							
New location		-					
SECTION D - Changing physical local	tion only						
Department #		-					
Old Location		-					
New Location		-					

New Custodian (if applicable)

APPROVALS:							
	Name	Sigr	nature	Date			
Department Administrator		Signature Field					
Department Chair *		Signature Field					
Dean's Office Designee*		Signature Field					
Environmental Health & Safety		Signature Field					
Office of Research Administration**		Signature Field					
[U]Tech Information Security Office**		Signature Field					
Export Control officer (Compliance)**		Signature Field					
* 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 process	sed in AM						
Please e-mail completed form to controller-equipment@case.edu or mail to:							
EQUIPMENT ACCOUNTING BioEnterprise Building LC 7006							

**ROOM 351** 

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