



Equipment Transfer Requisition Form

University policy requires that this form be completed before equipment, furniture or fixture is transferred to another institution. Please complete one form for each piece of equipment. Return the white and canary copies to Equipment Accounting.

1. Description of equipment: _____
2. CWRU tag number: _____
3. Model and serial number: _____
4. Acquisition cost: _____
5. Date of acquisition: _____
6. Source of funds (grant no., etc.): _____
7. Current condition and use: _____
8. Current market: _____
9. Account to be credited: _____
10. Describe reason(s) for transfer or disposal: _____

The following approvals must be obtained before the transfer is granted.

1. Requisitioner:

Name: _____

Department: _____

Signature: _____

Phone Number: _____

Date: _____

3. Equipment Accounting

CI Approved Not Approved (See attached)

Name: _____

Title: _____

Signature: _____

Date: _____

2. Dean or Dean's Designee:

Name: _____

Management Ctr: _____

Signature: _____

Date: _____

4. Dept. of Occupational & Environmental Safety

Approved CI Not Approved (See attached)

Name: _____

Title: _____

Signature: _____

Date: _____

White: Equipment Accounting

Pink: Management Center

Canary: Dept. of Occupational & Environmental Safety

Golden Rod: Retained by Requisitioner