EQUIPMENT OWNERSHIP TRANSFER FORM (AM0003)

(Both Org/Dept Signatures Are Required For Form Completion)

Organization (Dept) Number _____ Organization (Dept) Name _____

Printed Name of Equipment Coordinator _____ Signature/Date _____

I request the ownership of the equipment listed below be **transferred out** of my organization.

Printed Name of Relevant Dean/Vice President or Designee _____ Signature/Date (required) _____

Printed Name of Custodian/Principle Investigator _____ Signature/Date (required) _____

Asset ID	**Tag Number**	**Project Number**	**Asset Description**	**New Org./Dept Number**	**New Org./Dept. Name**	**New Location Code Bldg-Room Number (xxx-xxxxx)**

I request the ownership of the above equipment be **transferred into** my organization.

Printed Name of Relevant Dean/Vice President or Designee _____ Signature/Date (required) _____

Send Completed Form To:

University:
Asset Management
2070 Blankenship Hall
901 Woody Hayes Drive
Fax: 292-1121
Phone: 292-6048

OSP:
Asset Management
400 Research Foundation
1960 Kenny Road
Fax: 292-6870
Phone: 292-0844