

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): _____
Department #: _____
Acquisition Cost (if known): _____
Speedtype: _____
Description: _____

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 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 (not needed for Section D) | _____ | Signature Field <input type="text"/> | _____ |
| Dean's Office Designee* | _____ | Signature Field <input type="text"/> | _____ |
| Environmental Health & Safety | _____ | Signature Field <input type="text"/> | _____ |

*if necessary

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 or mail to:

EQUIPMENT ACCOUNTING
BioEnterprise Building
LC 7006
ROOM 351