UNIVERSITY OF WASHINGTON
PROPERTY ACTIVITY REQUEST 1024
EQUIPMENT INVENTORY CONTROL

Instructions to complete form:
See reverse side

Date Requested (Mo., Dy., Yr.)	Contact Person	Campus Phone

Department Name	Box Number	Location (Bldg. & Rm. No.)

Indicate Acquisition Funding: S = State, F = Federal

Inventory Tag Number	Description of Each Item	Serial No.	New Location (Bldg.& Rm. #)		Original Equipment Cost

TYPE OF CHANGE REQUESTED (Check appropriate box and complete adjoining information).

☐ **A. Transferring usable property between departments, budgets and/or to another location.**

Name of New Custodian, Receiving Department Name and Mailing Address	Accountable Budget No. (No Charge Transfers)	Contact Person		Phone
		Budget No. to Charge	Budget No. to Credit	Transport Required ☐ Yes ☐ No

☐ **B. Disposing of surplus property, materials and supplies whether inventoried or not.**

Property Condition	Budget No. and Name to Credit Property Sale	Campus Phone	Minimum Sale Price	Transport Required ☐ Yes ☐ No

☐ **C. Deleting Property**

☐ Lost ☐ Stolen (Indicate Police Case No.)_____

☐ Cannibalized ☐ Loaned (Give name, address, and period of loan)_____

☐ **D. Transferring usable property to an off-campus location. I am leaving the University of Washington to take a post at the institution described below. In order to continue my research, I would like to have the property described transferred to that institution. It was purchased under the following grants and/or contracts.**

Grant/Contract Title	Budget No.	Grant/Contract Title	Budget No.

REQUESTER IDENTIFICATION	Principal Investigator (Type or Print)		

CONCURRENCES	Department Chairperson (Type or Print)	Signature	Date
	Dean (Type or Print)	Signature	Date
	Grant & Contract Services (Type or Print)	Signature	Date

RECEIVING INSTITUTION'S NAME AND ADDRESS		Property & Transport Services Representative (Type or Print)	
		Signature	Date

DEPARTMENTAL AUTHORIZATION ▶

Note: When transferred equipment has been acquired originally with federal funds, the recipient agrees, as a condition to accept this property, that no charge will be made to the Federal Government under any existing or future Government grant, contract, or subcontract for any depreciation, amortization, or use with respect to such equipment.

Approved By (Type or Print)	Signature	Date

- **Date Requested (Mo., Dy., Yr.)**– Enter date form is prepared.

- **Contact Person** – Enter name of person to whom questions may be directed.

- **Campus Phone** – Enter telephone of contact person.

- **Department Name** – Enter department name.

- **Box Number** – Enter box number of department, (35 - - - -).

- **Location (Bldg. & Rm. No.)** – Enter the current location of the item(s).

- **Inventory Tag Number** – Enter the Inventory Tag Number, if applicable. All inventoried equipment, except for "No Tag" items should have a tag number affixed.

- **Description of Each Item** – Enter description of item(s). If item has been cannibalized, notate this and indicate what was removed.

- **Serial No.**–Enter serial number of item(s), if applicable.

- **New Location (Bldg. & Rm. #)** – When applicable enter the new location of the item(s).

TYPE OF CHANGE REQUESTED (Check appropriate box and complete adjoining information)

☐ **A. Transferring usable property...** – Check this when transferring property between departments, budgets and/or to and from campus locations (must also complete Location and New Location boxes).

- ■ **Name of New Custodian, Receiving Department Name and Mailing Address**–Enter name of new custodian, receiving department and mailing address.

- ■ **Accountable Budget No.** –Enter budget number for which these items will be accountable.

- ■ **Contact Person**–Enter name of person receiving item(s) to whom questions may be directed.

- ■ **Phone**–Enter telephone number of contact person.

- ■ **Budget No. to Charge**–Enter budget number to which item(s) will be charged. Contact General Accounting if Journal Vouchers are to be prepared. Tag numbers are required for all equipment Journal Vouchers.

- ■ **Budget No. to Credit**–Enter budget number to which item(s) will be charged. Contact General Accounting if Journal Vouchers are to be prepared. Tag numbers are required for all equipment Journal Vouchers.

- ■ **Transport Required**–Answer Yes or No; if Yes, send canary copy to Property and Transport Services, Box 355210.

☐ **B. Disposing of surplus property...** – Check this when disposing of surplus property.

- ■ **Property Condition**–E = excellent, G = good, R = needs repair, S = scrap, C = cannibalized.

- ■ **Budget No. and Name to Credit Property Sale**–Enter budget number and name to be credited; credits will be made if a single piece of property sells for more than the processing fee retained by Surplus Property.

- ■ **Campus Phone**–Enter telephone number of department surplusing the item(s).

- ■ **Minimum Sale Price**–Leave blank unless the property has a substantial value.

- ■ **Transport Required**–Check Yes or No.

☐ **C. Deleting Property** – Check this for other on-campus transactions. Briefly indicate nature of action and reason deleted–by loss, theft or destruction. If loan give name, address and period of loan. Check appropriate box when deleting property lost, stolen, cannibalized or loaned.

☐ **D. Transferring usable property to...** – Check this when transferring usable property to an off-campus location.

- ■ **GRANT/CONTRACT TITLE**–Enter Grant or Contract Title and its budget number (use additional sheet if necessary).

- ■ **REQUESTER IDENTIFICATION**–Enter name, sign and date as requested.

- ■ **CONCURRENCES**–Enter name, sign and date as requested.

- ■ **RECEIVING INSTITUTION'S NAME AND ADDRESS**–Enter as requested.

Property & Transport Services Representative (Type or Print)–Enter name, sign and date as required.

DEPARTMENTAL AUTHORIZATION–Enter name of person authorized to request this action, sign and date (Chairman, Director or their representative for business matters).

Note: Property transfers within the UW Medical Center require separate handling. Contact UW Medical Center Materials Management, Manager of Program Operations (Box 356018, 548-6016).

UoW 1024 (2/98) REVERSE