**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 CWRU

Retirement Sold/Traded

Proceeds

Traded for:

Speedtype & Account Proceeds Deposited 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 CWRU Please contact Equipment Accounting at [controller-equipment@case.edu](mailto:controller-equipment@case.edu) or 368-5946.

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

Department Chair \*

Signature Field

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 processed in AM

Please e-mail completed form to [controller-equipment@case.edu](mailto:controller-equipment@case.edu) or mail to:

EQUIPMENT ACCOUNTING

BioEnterprise Building LC 7006

ROOM 351