

EQUIPMENT OWNERSHIP TRANSFER FORM (AM0003)
 (Both Org/Dept Signatures Are Required For Form Completion)

 Organization (Dept) Name/Number

 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 or Vice President

 Signature/Date (required)

 Printed Name of Custodian/Principle Investigator

 Signature/Date (required)

Asset ID	Tag Number	Project Number	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 or Vice President

 Signature/Date (required)

Send Completed Form To:

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

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

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