University of Connecticut Health Center

INVENTORY CONTROL

PROPERTY TRANSFER OF EQUIPMENT FORM - IC-5

REFERENCE # B	**Mail or PDF the entire package to: FB005 MC 2010**
NAME:	**TITLE:**
BUILDING: FLOOR: ROOM #:	**TELEPHONE: FAX:**
DEPARTMENT:	
MAIL CODE:	**EMAIL:**

RECOMMENDED DISPOSITION: 1. Transfer Ownership of Assets from One Department to Another: ☐
2. Assets have been Moved from One Location to Another: ☐

TRANSFERRED TO: Department Name:

(Off-Campus) Institution Name:

City: Street: State: Zip Code:

HC ASSET #	DESCRIPTION	HC ASSET #	DESCRIPTION	HC ASSET #	DESCRIPTION

REMARKS:

CODING:	FISCAL YR	LEDGER	ACCOUNT	SUBCODE	AMOUNT	SIGNATURE

IMPORTANT NOTICES TO DEPARTMENT HEAD:

1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY.
2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCHC HIPAA POLICIES.

AUTHORIZED SIGNATURES (Signatures Must Be In Order Stated)

Released by:		5. DEAN / HOSPITAL DIRECTOR (Individual Equipment Over $10,000 Only)	DATE
1. DEPARTMENTAL PROPERTY COORDINATOR	DATE	6. VICE PRESIDENT FOR RESEARCH (Over $10,000 Only)	DATE
2. DEPARTMENT HEAD	DATE	**Received By:**	
3.UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT	DATE	9. DEPARTMENTAL PROPERTY COORDINATOR	DATE
4. DIRECTOR OF PURCHASING (Equipment Leases Only)	DATE	10. DEPARTMENT HEAD	DATE

IF YOU NEED ASSISTANCE COMPLETING THIS FORM, CALL 679-1952 - PLEASE MAKE A COPY FOR YOUR FILE