OFF-GROUNDS CAPITAL EQUIPMENT CERTIFICATION (P-2) FORM

(See https://policy.itc.virginia.edu/policy/policydisplay?id=PRM-011 for policy and more information)

I certify that the equipment listed below is at my residence or another off-grounds location, and is being used in a manner consistent with the purpose, mission and goals of the University.

Name of the Institution / Person and Physical Address (NO P.O. Box #’s) of who has the equipment and where it is located:

Name: ____________________________

Address: ____________________________

Date Asset to be returned

Asset tag number

Serial Number

Model

Manufacturer

Description

Name of Person Responsible for the Equipment
(Please Print or Type)

Signature

Title

Date

I APPROVE THE LOCATION OF THIS EQUIPMENT.

Name of Chair/Dean
(Please Print or Type)

Signature

RETURN FORM TO YOUR ORG’S PROPERTY CONTACT: ________________________________
(Please Print or Type Property Contact’s Name)

Once completed please forward a copy to: Mike Williams, Inventory Coordinator, Fixed Asset (Property) Accounting
mail to P.O. Box 400194 Carruthers Hall, fax to 982-2163, or email to mikew@virginia.edu

Please retain a copy in your files!