

BINGHAMTON UNIVERSITY
Transfer/Disposal of Equipment (FORM A)

Use this form to report the transfer or request for disposal of eligible equipment under following situations. If more than one piece of equipment is being reported, please attach a separate sheet. If this action involves Research Foundation equipment, please forward original form **through** the Sponsored Funds office to the Property Control Officer.

INDICATE REASON FOR TRANSFER:

- Within Department, relocated to different building (Fill out sections **1, 2, 3** and **10** only)
- Outside Department (Fill out sections **1, 2, 4** and **10** only)
- Off campus for Repair / Class Project (Fill out sections **1, 2, 5** and **10** only)
- On Loan (Off campus) (Fill out sections **1, 2, 6** and **10** only)
- Permanent Disposal (Fill out sections **1, 2, 7** and **10** only)
- Lost or Stolen (Fill out sections **1, 2, 8** and **10** only)
- Trade-In (Fill out sections **1, 2, 9** and **10** only)

1. **Originating Department:** _____ **Date:** _____

2. **Equipment Decal # and Description:**

3.

SUNY / RF / BUF Number	Equipment Description

4. **Transfer Within Department, Relocated to Different Building:**

Location Moved From: _____ To: _____
Building Room Building Room

5. **Transfer Outside Department:**

Location Moved From: _____ To: _____
Building Room Building Room

6. **Off-campus for Repair/Class Project:**

Location Moved From: _____ To: _____
Building Room Building Room

7. **On Loan: (Off campus)**

Location Moved From: _____ To: _____
Building Room Building Room

Loaned To: _____
(Print Name) (Signature)

Purpose of Loan: _____ To Be Returned On: _____

Date Returned: _____ **Condition of Equipment upon return:** _____

8. **Permanent Obsolete/Disposal:**

Location Moved From: _____ To: _____
Building Room Building Room

Reason for Request To Consider Obsolete or To Dispose: _____

9. **Lost/Stolen:**

Last Known Location: _____ Date Noticed Lost/Stolen: _____
Building Room

9. **Trade-In:**

Location of Equipment: _____ PO # of New Equipment: _____
Building Room

Name/Description of New Equipment: _____

10. **Departmental Approvals:**

Chair or Department Director: _____
(Print Name) (Signature)

Dept. Property Control Custodian: _____ (Print Name) _____ (Signature)

RF Project Director: _____ (Print Name) _____ (Signature)

Distribute copies as follows:

White (Property Control) **Canary** (Department) **Pink** (Public Safety) **Gold** (Attach to equipment) **Green** (RF Sponsored Funds)

THIS AREA FOR PROPERTY CONTROL OFFICE ONLY

SUCF System Input Date: _____ Status Code: _____ Storage Area: _____

Permanent Disposition: _____ Receipt #: _____ Date: _____

Property Control Officer: _____ (Print Name) _____ (Signature)

VP, Administration: _____ (Print Name) _____ (Signature)
(or Designee)

(Required for all Disposals and Lost / Stolen equipment only)