

# Capital Equipment Request for Authorization to Transfer/Sell University Property to a Departing Employee's New Institution Form

University of Wisconsin – Madison  
Accounting Services – Property Control  
Suite 6101, 21 North Park Street, Madison WI 53715-1218  
[Property@bussvc.wisc.edu](mailto:Property@bussvc.wisc.edu) 608-265-7830

**Departing Employee Current Information**

Employee Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Division/Dept: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Supervisor Phone: \_\_\_\_\_  
 Anticipated Ship Date: \_\_\_\_\_

**Departing Employee New Institution Information**

Institution Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_  
 Hiring Manager Name: \_\_\_\_\_  
 Authorized Official Name: \_\_\_\_\_  
 Authorized Official Title: \_\_\_\_\_  
 Authorized Official email: \_\_\_\_\_

Please select the terms of the request:

Equipment will be purchased by the new institution

*(Note: Equipment that is 100% federally funded on an active/on-going grant, cannot be sold to the new institution.)*

- Please indicate the dollar amount of the negotiated sale price \$
- Please attach an itemized list of equipment which is to be sold to the new institution
- Please attach justification if the sale of the equipment exceeds the net book value (NBV)

Equipment will be transferred to the new institution

*(Zero-dollar cost transaction)*

- Please attach the list of equipment which is to be transferred to the new institution

**Signatures below represent an agreement by the Department Chair/Dean/Division/Designee to release items to the departing employee's new institution. Final approval of the request requires clearance from RSP and authorization and acceptance through the Division of Business Services, Accounting Services Property Control Office.**

**Signatures of the Departing Employee and the Departing Employee's Department Chair/Supervisor attest that the requested items do not contain any UW-Licenses, UW-Proprietary Software or [sensitive data](#), and the equipment does not contain hazardous materials, making it unsafe to ship.**

<i>Departing Employee Name</i>	<i>Signature</i>	<i>Date</i>
<i>Department Chair/Supervisor Name</i>	<i>Signature</i>	<i>Date</i>
<i>Dean/Director/Designee Name</i>	<i>Signature</i>	<i>Date</i>

### Property Control Use Only

*Property Control has verified property ownership and funding source(s) and has determined there are no restrictions that would prevent transfer/sale. The property reflected in the attached documentation is approved for transfer/sale.*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Office of Research & Sponsored Programs*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*UW-Madison Property Officer*

**Please return signed form:**

email:  
property@bussvc.wisc.edu

Inter-Department Mail:  
Attn: Property Control  
Suite 6101, 21 North Park Street  
Madison, WI 53715-1218