

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 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