BINGHAMTON UNIVERSITY
Transfer/Disposal of Equipment (FORM A)

Use this form to report the transfer or request for disposal of eligible equipment under the following situations. If more than one piece of equipment is being reports, please list on a separate sheet. If Research Foundation equipment is involved, please forward the original form through the Sponsored Funds office to the Property Control Office.

INDICATE REASON FOR TRANSFER:

☐ Within Department – relocated (Complete Sections 1, 2, 3, and 9)
☐ Transferred to another department (Complete Sections 1, 2, 4, and 9)
☐ Off campus – on loan (Complete Sections 1, 2, 5, and 9)
☐ Permanent Disposal (Complete Sections 1, 2, 6, and 9)
☐ Lost or Stolen (Complete Sections 1, 2, 7, and 9)
☐ Trade-in (Complete Sections 1, 2, 8, and 9)

FORM A completed by:________________________________________________

1. Equipment Asset Tag # and Description: (use serial # in absence of asset tag)

<table>
<thead>
<tr>
<th>SUNY/RF/BUF #</th>
<th>Equipment Description</th>
</tr>
</thead>
</table>

2. Originating Department:__________________________________________ Date:________________

3. Transfer Within Department, Relocated

Original Location: ______________________________________ Moved To: ______________________________________

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

4. Transferred to Another Department

Moved from: ______________________________________ Moved To: ______________________________________

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

5. Off Campus – On Loan (temporary or extended Loan)

Loaned to: ______________________________________ Address: ______________________________________

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

To Be Returned on __________________________ Date returned __________________________

(Two year maximum) Condition upon return __________________________

6. Permanent Disposal

Location __________________________________________ Service request submitted __________________________

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

Condition of Equipment __________________________

7. Lost/ Stolen:

Last known location __________________________ Date lost/stolen __________________________

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

8. Trade-In

Original Location __________________________ PO# of New Equipment __________________________

9. Department Approvals:

Chair or Department Director __________________________ (Print Name) __________________________ (Signature)

RF Project Director __________________________ (Print Name) __________________________ (Signature)

THIS AREA FOR PROPERTY CONTROL OFFICE ONLY

PCS System Input Date:__________________________ Status Code________ Department #__________________

Distribute copies as follows

Property Control / Department / Public Safety / Attach to Equip / Sponsored Funds (if RF item)