



Asset Management
Finance & Administration
UNIVERSITY OF GEORGIA

Request for Transfer of Equipment

UGA Inventory Number	Equipment Description and Serial Number	Asset Management will furnish the following:	
		Funding Source	Funding Amount
1.			
2.			
3.			
4.			

Reason for request: _____

Name & address of Institution _____
receiving equipment: _____

Shipping charges to be paid by: _____

The receiving institution agrees to the following: Transfer terms will be determined from and governed by the language of the funding instrument and regulations cited therein and applicable state laws and regulations and University policies.

REQUIRED SIGNATURES

Principal Investigator

Printed Name

Title

Signature

Date

Department Head

Printed Name

Title

Signature

Date

Asset Management

Printed Name

Title

Signature

Date

Post Award Accounting

Printed Name

Title

Signature

Date

Receiving Institution

Printed Name

Title

Signature

Date

Return one signed copy to:

University of Georgia
Asset Management
property@uga.edu
208 Business Services Building
424 E. Broad Street
Athens, GA 30602