

**THE UNIVERSITY OF TENNESSEE**  
**Sponsored Project Equipment Inventory Transfer Request**

Please fill out separate form for each Funding Source

Requesting Investigator Name \_\_\_\_\_

Campus/Unit \_\_\_\_\_ Effective Date \_\_\_\_\_

Current Custodial Dept. \_\_\_\_\_

WBS Element \_\_\_\_\_ WBS Element Name \_\_\_\_\_

Sponsor Award Number \_\_\_\_\_

**EQUIPMENT**

Asset Number	UT Tag Number	Description	Serial Number	Cost

(Attach sheet for additional items)

**Delete from Official Inventory Records Due To:**

- Transfer to other institution (Only if eligibility requirements are met. Please review F605 procedure for more details if needed)

**APPROVALS**

**Current Custodial Department:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone/email: \_\_\_\_\_

\*VC Research/Designee \_\_\_\_\_

\*CBO/Designee: \_\_\_\_\_

**Receiving University**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone/email: \_\_\_\_\_