



Missouri University of Science and Technology Equipment Transfer Approval Form

Departing Faculty Name: _____

Departmental Contact Person: _____ Phone No. _____

Project Number: _____ MoCode: _____

Equipment Inventory Tag ID Number: _____

Description of Equipment & Purchase Price:

Justification for Request:

Effective Date: _____

Approval:

PI *Print Name* *Signature* Date: _____

Department Chair *Print Name* *Signature* Date: _____

VPR *Print Name* *Signature* Date: _____

Manager, Procurement *Print Name* *Signature* Date: _____

Chief Procurement Officer *Print Name* *Signature* Date: _____

Noted in system by Sr. Inventory Clerk _____ Date: _____
Signature

Please return completed form to Office of Sponsored Programs.