

# Property Control Asset Transfer Form

Phone: (305) 348-2167

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E-mail: [property@fiu.edu](mailto:property@fiu.edu)

- Requests for Transfer of equipment to a new location
- Request for Transfer from one Department/Project number to another

For non media storage / computer equipment, please proceed to Section B.

## SECTION A

In accordance with Media Sanitation Guidelines and Data Stewardship Procedures, ([http://policies.fiu.edu/record\\_profile.php?id=560](http://policies.fiu.edu/record_profile.php?id=560)), the University requires that all media storage devices be sanitized prior to being surplus, donated, transferred or discarded. This applies even if the storage medium is missing from the equipment, physical inspection still must occur. All media storage devices require a MSCID number be assigned for proof of sanitation compliance. To obtain a MSCID number, please submit your request to: [IT Security Office](#)

Sanitized By: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B: (Originating Location)

Originating Activity Nbr: / Project Name: \_\_\_\_\_

<b>Cost Center</b>			
Activity Nbr: _____	Cost PID: _____	Task: _____	Budget Ref: _____
<b>Optional fields, use if applicable:</b>			
<b>Cost PID</b> - To track expenses related to faculty allocations.			
<b>Task</b> - To track expenses that have a similar purpose as assigned, for example Critical Investments.			
<b>Budget Ref</b> - To track specific years for Financial Aid and COM only.			
<b>OR</b>			
Project: _____	Fund: _____		
<b>Optional field, use if applicable:</b>			
<b>Fund</b> - To be used for Cost Share only			

Contact Person: \_\_\_\_\_ Panther ID: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION C: (Receiving Location)**

**Receiving Activity Nbr: / Project Name:** \_\_\_\_\_

<b>Cost Center</b>
Activity Nbr: _____ Cost PID: _____ Task: _____ Budget Ref: _____
<b>Optional fields, use if applicable:</b> <b>Cost PID</b> - To track expenses related to faculty allocations. <b>Task</b> - To track expenses that have a similar purpose as assigned, for example Critical Investments. <b>Budget Ref</b> - To track specific years for Financial Aid and COM only.
<b>OR</b>
Project: _____ Fund: _____
<b>Optional field, use if applicable:</b> <b>Fund</b> - To be used for Cost Share only

**Contact Person:** \_\_\_\_\_ **Panther ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(Note: If the equipment listed is not at the location at pickup, this form is "VOID" a new form must be submitted.)**

Description	FIU Tag #	Originating Location	Serial Number	Destination	MSCID#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach additional sheets if required)

**\* Office of Research and Economic Development (ORED) - approval is REQUIRED by Grant Funded Projects (If destination is Surplus Warehouse).** Please contact ORED at x2494 and provide project number for assistance.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prior approval from Risk Management & Environmental Health & Safety Department (EH&S) is required if the equipment contains any material which is regulated or that could be of health concern.** Please contact (305) 348-2621 for EH&S related questions. Please review the Laboratory Relocation Guide ([http://www.fiu.edu/~ehs/bio\\_chemical\\_safety/Lab\\_Relocation\\_Procedure.pdf](http://www.fiu.edu/~ehs/bio_chemical_safety/Lab_Relocation_Procedure.pdf)).

**Please check the appropriate Yes or No box.** Does the equipment contain any of the following\*?

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Radioactive materials              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laser devices (Class 3B or 4)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazardous chemicals                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Biohazardous materials (all types) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Controlled substances              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\* If the answer is "Yes", please attach EH&S Clearance Form

**AUTHORIZATION SIGNATURES**

**Date** \_\_\_\_\_

\_\_\_\_\_  
Originating Expense Manager/ Project PI Print and Sign

\_\_\_\_\_  
Receiving Expense Manager/Project PI Print and Sign