\*\*Items to be transferred MAY NOT be physically moved until a fully executed copy of this form and the accompanying Agreement for Permanent Transfer of Equipment have been completed and provided to your unit.\*\*

# REQUEST TO PERMANENTLY TRANSFER EQUIPMENT WITH RESEARCHER

Instructions: Use Tab to move to the next blank and Shift-Tab to move to the previous blank

### **SECTION 1 – TRANSFER INFORMATION**

Transferring Unit Name	
Transferring Unit Chart/Org Code	
Recipient Institution	
Recipient Institution Location (City,	
State, Country)	
Researcher	
Comments	
Any Export-Controlled and/or	☐ Yes ☐ No ☐ Don't Know
Internationally-Transferred equipment?	TOS WIND DOITHNIOW
SECTION 2 – CONDITIONS	ion to transfer the equipment listed on the following schedule(s), we, the
undersigned, acknowledge the follow	
<ol> <li>The equipment has been including cost-share common to the c</li></ol>	used by the above-named Researcher for research or for other sponsored activities nitments.
2. The equipment was purch	ased without use of State-appropriated funds.
	rcher is leaving the University of Illinois and needs the equipment to continue activities at the Recipient Institution.
☐ Data and/or software ☐ All agreements no agreements and/or s	have been eliminated from any electronic storage media on the equipment; or, remains stored on the equipment; and, either: ecessary to authorize the transfer of such data and/or software (e.g., data use oftware license amendments/modifications) have been fully executed; or irmed there are no licensing, privacy, or other compliance issues associated with the
☐ Yes, the Recipient Ins	itution is not obligated to pay the University of Illinois for the equipment. stitution shall pay the University of Illinois \$ The equipment sale price is asored equipment schedule below.
	nas expressed willingness to accept responsibility for the equipment and ent for Permanent Transfer of Equipment" to be provided after the State of Illinois ove the transfer.
7. If any of the above items do r	not apply, please explain:

# **SECTION 3 – UNIT APPROVALS**

Researcher Signature	Printed Name	Date	
Unit Head Signature	Printed Name	Date	
College Dean Signature	Printed Name	Date	
SECTION 4 – UNIVERSITY APPROVA	ALS		
☐ For export-controlled and/or inter export-controlled):	national transfers (or	if you indicated yo	u didn
OVCR Export Compliance Officer Signature	e <sup>1</sup> Printed	Name I	Date
☐ For sponsored research and othe sponsor's terms:	er sponsored activity t	ransfers - verificat	ion tha
Vice Chancellor for Research Name (UIC C	Only) Signature Printed	Name	Date
Grants & Contracts (UIC) Signature Sponsored Programs Administration (UIUC) (Sponsored Project Funds)	Printed	Name	Date
Verification of accuracy of Schedule	of Equipment and co	mpletion of all app	rovals
Property Accounting Manager Signature	Printed	Name	Date

<sup>&</sup>lt;sup>1</sup> For UIUC, the signature of the OVCR Export Compliance Officer is required. For UIC, the signature of the OVCR Export Controls Compliance Officer is required.

# SCHEDULE OF EQUIPMENT – SPONSORED EQUIPMENT

									For Export Internat	-Controlled ar	nd/or rs
Property (Ptag) #	Title To	Responsible Chart/Org.	Description	Serial #	Date Acquired	Acquisition Cost	Funding Source FOP	Grant Code	Manufacturer / Distributor	Model Number	eccn or USML
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
					TOTAL:	\$					

### SCHEDULE OF EQUIPMENT - NON-SPONSORED EQUIPMENT

									For Export Interna	t-Controlled a tional Transfe	nd/or rs
Property (Ptag) #	Title To	Responsible Chart/Org.	Description	Serial #	Date Acquired	Acquisition Cost	Sale Price (if	Funding Source FOP	Manufacturer / Distributor	Model Number	ECCN or USML
							applicable)				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
						\$	\$				
<u> </u>	•	•			TOTAL:	\$	\$		•	•	

Unit Head approval of equipment schedule(s):								
Unit Head Signature	Printed Name	Date						