

**THE JOHNS HOPKINS UNIVERSITY  
EQUIPMENT INFORMATION FORM**

Originated by \_\_\_\_\_ Dept # \_\_\_\_\_ Date \_\_\_\_\_  
JHU Property Tag # \_\_\_\_\_ Item Description \_\_\_\_\_  
Model # \_\_\_\_\_ Serial # \_\_\_\_\_

**CHANGE IN STATUS – TRANSFERS**

1.  - Transfer of Location within University

To Bldg \_\_\_\_\_ Room # \_\_\_\_\_ Budget # \_\_\_\_\_

From Bldg \_\_\_\_\_ Room # \_\_\_\_\_ Budget # \_\_\_\_\_

Person Responsible after Transfer \_\_\_\_\_

If off campus, give address \_\_\_\_\_

If the equipment is to be located at home, the transfer must be approved by the Department Head or Designee and they must sign below.

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

2.  - Transfer of Equipment and Title **TO** other Institutions

Institution \_\_\_\_\_ Address \_\_\_\_\_

From Bldg \_\_\_\_\_ Room # \_\_\_\_\_ Budget # \_\_\_\_\_

Person Responsible after Transfer \_\_\_\_\_

Address \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

3.  - Transfer of Equipment and Title **FROM** other Institutions

To Bldg \_\_\_\_\_ Room # \_\_\_\_\_ Budget # \_\_\_\_\_

Institution \_\_\_\_\_ Address \_\_\_\_\_

Person Responsible after Transfer \_\_\_\_\_

Original Cost per Item (if known) \$ \_\_\_\_\_ Date of Acquisition (If known) \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

## CHANGE IN STATUS – OTHER

4.  - GFE (Government Furnished Equipment)

Cost \$ \_\_\_\_\_ Original date of transfer \_\_\_\_\_

Agency \_\_\_\_\_ Federal Award ID (if applicable) \_\_\_\_\_

Location \_\_\_\_\_ Bldg \_\_\_\_\_ Room # \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

5.  - Donation

Market Value \$ \_\_\_\_\_ Donor \_\_\_\_\_ Date Acquired \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

6.  - Disposal of Equipment

a.  - Sold to \_\_\_\_\_ Amount \$ \_\_\_\_\_

b.  - Scrapped (reason) \_\_\_\_\_

c.  - Other (explain) \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

7.  - Lost / Stolen Equipment Date Reported \_\_\_\_\_

8.  - Returned to Sponsor Agency

Date \_\_\_\_\_ Reason for return \_\_\_\_\_

Approved by (print name) \_\_\_\_\_ Signature \_\_\_\_\_

9.  - Other types of changes

Explain \_\_\_\_\_

\_\_\_\_\_

**Please send this completed form to:**

Fixed Assets Shared Services  
Johns Hopkins at Eastern  
1101 East 33rd Street  
Terrace Level, Suite E001  
Baltimore, MD 21218  
**Email:** faSSC@jhmi.edu  
**Fax:** 443-997-5750

For questions concerning the use of this form, call Fixed Assets Shared Services at 443-997-8411

**See page 3 of this form for instructions**

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EQUIPMENT INFORMATION FORM**

**INSTRUCTIONS FOR DEPARTMENTS**

**CHANGE IN STATUS - TRANSFER**

1. When an item of equipment is permanently transferred from one department to another or off-campus, check this box. Also, indicate the transferring department, budget number, and the recipient department and budget number. Include the name and address of the responsible person after the change. Approval must be given when equipment is located in a home.
2. When an item of equipment is being permanently transferred out of the University, check this box. Also, indicate the recipient's school or organization, building and budget number from which they are transferring the item.
3. When an item of equipment is being transferred from another University or Organization, check this box. Also, indicate the building, room number and budget number to which they are transferring the equipment item. The name of the University or Organization from which it came, should be included. Please include the original cost and the date of acquisition if known. Also, include any documentation that would be useful for generating the data needed to produce a property record.

**CHANGE IN STATUS - OTHER**

4. When a department sells an item of equipment, check this box. Please note the buyer and the selling amount.
5. If an item of equipment is lost or stolen, note the date of the occurrence here. Please be sure to contact the Security Office. Also, please note any pertinent follow-up information.
6. If a department disposes of equipment by scrapping or by some other means, note it here.
7. If an item of equipment changes status for any other reasons than the above, please note it here. Please provide an explanation (i.e., personally owned equipment has mistakenly appeared on the equipment list).
8. When an item of equipment is to be returned to the Sponsoring Agency, check this box. Provide the date of return and the reason for returning the equipment.