THE JOHNS HOPKINS UNIVERSITY
EQUIPMENT INFORMATION FORM (C824)

Originated by: ___________________________  Dept #: ______________  Date: __________
JHU Property Tag #: ___________________________  Item Description: ___________________________
Model #: ___________________________  Serial #: ___________________________

CHANGE IN STATUS – TRANSFERS

1. ☐ - Transfer of Location within University

To Bldg: ___________________________ Room #: ___________________________
From Bldg: ___________________________ Room #: ___________________________
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 Dept. Administrator (print) ___________________________  Signature: ___________________________

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

Institution: ___________________________  Address: ___________________________
From Bldg: ___________________________ Room #: __________  Budget #: __________
Person Responsible after Transfer: ___________________________
Address: ___________________________

Approved by Dept. Administrator (print) ___________________________  Signature: ___________________________

Approval by WSE DBO (print) ___________________________  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 Dept. Administrator (print) ___________________________  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 Dept. Administrator (print) ___________________________  Signature: ___________________________
<table>
<thead>
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<th>Originated by</th>
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<tbody>
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5. **- Donation**

- Market Value $ __________
- Donor ______________________
- Date Acquired __________

Approved by **Dept. Administrator** (print) __________ Signature __________

6. **- Disposal of Equipment***

- Sold to ______________________ Amount $ __________
- Scrapped (reason) __________
- Other (explain) __________

Approved by **Dept. Administrator** (print) __________ Signature __________

7. **- Lost / Stolen Equipment**

- Date Reported __________

8. **- Returned to Sponsor Agency**

- Date __________ Reason for r __________

Approved by **Dept. Administrator** (print) __________ Signature __________

9. **- Other types of changes**

- Explain __________

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**Please send this completed form to:**

Fixed Assets Shared Services
Johns Hopkins at Keswick
3910 Keswick Road
South Building, 4th Floor
Baltimore, MD 21211

**Email:** FASSC@jhmi.edu

**Fax:** 443-997-5781

**Additional Approval Required for WSE ONLY:**

Additional approval required by WSE Business Office for Equipment disposal with a net book value $10,000 or >.

Approved by WSE BO (print) __________

Approved by WSE BS (signature) __________

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For questions concerning the use of this form, email Fixed Assets Shared Services at email address above. See page 3 of this form for instructions.
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 them 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 need 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.