THE JOHNS HOPKINS UNIVERSITY  
EQUIPMENT INFORMATION FORM (C824)

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<th>Originated by</th>
<th>Dept #</th>
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<tr>
<th>JHU Property Tag #</th>
<th>Item Description</th>
<th>Serial #</th>
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**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 #: ____________________________

   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 and/or SAP Grant #: ____________________________

   Location: ____________________________ Bldg: ____________________________ Room #: ____________________________

   Approved by **Dept. Administrator** (print): ____________________________ Signature: ____________________________
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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 ____________________________

Approved by **Dept. Administrator** (print) ___________________ Signature ______________________

8. □ Returned to Sponsor Agency

Date ____________________________ Reason for r ____________________________

Approved by **Dept. Administrator** (print) ___________________ Signature ______________________

9. □ Other types of changes

Explain ____________________________

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) ______________________

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.**
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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, building and room number, and the recipient department. Include the name and address of the responsible person after the change. Approval must be given when equipment is located in a home. Please note: if transfer involves a sponsored account, an equipment Non-Payroll Cost Transfer should be submitted and should not be submitted on this form.

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. The Department Administrator must print and sign form to indicate approval.

3. When an item of equipment is being transferred from another University or Organization to the University, 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 receives Government Furnished Property from the government, please check this box. Please provide information requested on form, then attach pertinent documentation and provide a University point of contact.

5. When an item of equipment is donated to the University, check this box. Please provide the information requested on the form and attach any accompanying documentation.

6. If a department disposes of equipment by either selling, scrapping, or other reason, please check this box. Provide the buyer information, sale price, scrapping reason, or other explanation, depending on appropriate reason.

7. 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.

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. A copy of the shipping confirmation or delivery notice is requested.

9. If an item of equipment changes status for any other reasons than the above, please note it here. Please provide an explanation.