

# Washington University

## Sponsored Equipment Transfer Form

**Principal Investigator -  
Name and WU Address:**

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**Responsible Official (Receiving Institution) -  
Name and Address:**

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**GRANT AGENCY #** \_\_\_\_\_

**Reason and Effective Date for Transfer:** \_\_\_\_\_

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**Total Acquisition Cost of Transferring Items:  
(Per the attached list)**

\_\_\_\_\_

**Amount Funded by Sponsored Projects**

\_\_\_\_\_

**Amount Funded by the University**

\_\_\_\_\_

Based upon the fair market value of the University funded items, the Receiving Institution will remit payment of \$ \_\_\_\_\_.

Or

The Department will not seek reimbursement of the University funded items from the Receiving Institution.

**Government-Owned Asset  
Tag Numbers:**

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**Government-Furnished Asset  
Tag Numbers:**

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Name

Title

Signature

Date

**Principal Investigator**

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**Department Head**

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**Dean's Office  
Grants & Contracts /  
Research Office**

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**Receiving Institution**

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**RETURN ONE SIGNED COPY TO:**

Washington University  
Sponsored Projects Accounting  
Campus Box 1034  
700 Rosedale Avenue  
St. Louis, MO 63112-1408