

Washington University

Sponsored Equipment Transfer Form

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

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

GRANT AGENCY # _____

WU Fund #

Reason and Effective Date for Transfer: _____

**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:**

**Government-Furnished Asset
Tag Numbers:**

Name

Title

Signature

Date

Principal Investigator

Department Head

Dean's Office

Sponsored Projects

Receiving Institution

RETURN ONE SIGNED COPY TO:

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