

THE UNIVERSITY OF AKRON
EQUIPMENT OWNERSHIP TRANSFER FORM

DOCUMENT
NUMBER _____

SECTION I

| | DATE | | | Department Name | Department Account # | SIGNATURE |
|-------------------|------|---|---|------------------|----------------------|--------------|
| | M | D | Y | | | |
| | | | | | | |
| Transferring From | | | | | | |
| Transferring To | | | | | | |
| Moved by | | | | Special Services | | Other: _____ |

SECTION II

| PROPERTY TAG NUMBER | ITEM DESCRIPTION | SERIAL NUMBER | FROM | | TO | |
|---------------------|------------------|---------------|------|------|------|------|
| | | | Bldg | Room | Bldg | Room |
| | | | | | | |
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Instructions for completing the Equipment Ownership Transfer Form (EOT).

Print clearly

An EOT is prepared whenever equipment and property which has a Property Tag affixed, is moved to a new location or is transferred to another Department.

Please complete all sections

- a. Account numbers for both receiving and transferring departments **MUST** be included.
- b. Department signatures
- c. Keep a copy for your files
- d. Send a copy to Special Services as notice to move this Specific equipment.