**Sponsored Programs**

**Equipment Transfer Form**

Responsible Department: ________________  Date: __________

Point of Contact: ________________  Telephone#: __________  Email: ________________

**Authorizations:**

____________________  __________________________
Dept. Chair/Director/Dean (Print)  Email  Signature/Date

____________________  __________________________
Office of Sponsored Programs Contact (Print)  Email  Signature/Date

<table>
<thead>
<tr>
<th>Asset Tag #</th>
<th>Quantity</th>
<th>Description</th>
<th>Location</th>
<th>Acquisition Cost</th>
<th>Depreciated Value</th>
<th>Funding Source</th>
<th>Sponsored Program Account #</th>
<th>Is Program Federal or State?</th>
<th>Is Program Active or Inactive?</th>
</tr>
</thead>
</table>
New Location Information:

Institution: ________________
Contact: ________________________
Telephone#: ____________
Address: ________________________
Fax#: ________________
Email: ________________

_____________________________  [ ] Approved
Property Administrator Name (Print)  Signature/Date  [ ] Disapproved

SEND COMPLETED FORM TO:

UNLV Property Control
M/S 1044
4505 Maryland Parkway
Las Vegas, NV 89154-1044
702-895-0859 • property@unlv.edu