

Change in Fixed Asset Status

Office of the Comptroller, Capital Accounting

Fixed Assets, 45155 Research Place, Ashburn, VA 20147

Date: _____

Fixed Asset Tag Number: _____

Equipment Description _____

Name of Department/Grant/Contract _____

Requestor _____

Oracle Alias _____

Email _____

Phone _____

Grant (if applicable): Project / Task / Award _____ **RSC signature required below**

Funding Agency _____

AUTHORIZED SIGNATURE REQUIRED

Department Head (sign): _____

(print) _____ Date: _____

Research Service Coordinator (sign) _____ stamp _____
(if applicable)

(print) _____ Date: _____

Request to: Transfer Assets within The George Washington University

From: Building _____ Room _____ Oracle Alias _____

To: Building _____ Room _____ Oracle Alias _____

Name of Property coordinator after transfer: _____

Request to: Sell or Donate Assets

Donated / Sell to: _____

Sale Price: \$ _____

Fair Market Value \$

Date of Disposal

GCAS Journal Entry _____

Recipients of GW electronic equipment must complete a Release and Waiver Form.

For Computers Only:

I certify that all sensitive data, proprietary software and embedded network passwords have been removed from this system.

Print Name _____

Authorized ISS / LSP Signature _____ Date _____

Request to: Send Assets to Warehouse

Circle one: Scrap Condition Usable Condition

Date Picked Up: _____ By (name): _____

Received by Warehouse (name): _____

Report of: Lost or Stolen Assets

Lost

Stolen Date Campus Police Department notified: _____

(Attach copy of police report)

Report of: Disposed Assets

Reason for Disposal: _____ Where Disposed: _____

Fixed Asset Supervisor (sign) _____ Date: _____

Property Control Specialist (sign) _____ Date: _____