

**ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY**

1300 MORRIS PARK AVENUE

BRONX, NY 10461

**REQUEST FOR TRANSFER OF EQUIPMENT**

**TRANSFER INFORMATION**

*To Be Completed By Preparer*

**PREPARER:** *Equipment can only be transferred after receipt of a copy of this form (from the Property Manager) with approval signatures (below).*

**NAME:** \_\_\_\_\_  
PRINCIPAL INVESTIGATOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**LOCATION OF EQUIPMENT:** BUILDING \_\_\_\_\_ ROOM \_\_\_\_\_ INVENTORY (TAG) # \_\_\_\_\_

**DESCRIPTION OF EQUIPMENT:** (Complete here or check box below and attach documents.)  
\_\_\_\_\_  
\_\_\_\_\_

See attached for more detailed description

**ANTICIPATED DATE OF TRANSFER:** \_\_\_\_\_

**EQUIPMENT TO BE TRANSFERRED TO:**

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
\_\_\_\_\_  
INSTITUTION \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS \_\_\_\_\_

**APPROVAL** *Sign and date where indicated. Last approver should return to Property Manager.*

**INDICATION OF REVIEW AND APPROVAL:**

1. \_\_\_\_\_ DATE \_\_\_\_\_ 3. \_\_\_\_\_ DATE \_\_\_\_\_  
DEPARTMENT CHAIRMAN \_\_\_\_\_ ASSOC. DEAN FOR SCIENTIFIC AFFAIRS \_\_\_\_\_  
2. \_\_\_\_\_ DATE \_\_\_\_\_ 4. \_\_\_\_\_ DATE \_\_\_\_\_  
PROPERTY MANAGER \_\_\_\_\_ ASSOC. DEAN FOR BUSINESS AFFAIRS \_\_\_\_\_

**RECEIPT FOR TRANSFER OF EQUIPMENT LISTED** *To Be Completed By Receiving Institution*

**RECEIVER:** *Complete bottom portion of this form, including signature, and return to AECOM, Grant Accounting Property Manager, 1300 Morris Park Avenue, Bronx, NY 10461.*

**EQUIPMENT TRANSFERRED TO:**

\_\_\_\_\_  
INSTITUTION \_\_\_\_\_ PRINCIPAL INVESTIGATOR \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF EQUIPMENT**

Signature indicates that the receiving institution accepts title and assumes accountability for the transferred equipment.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_