

Change in Fixed Asset Status

Office of the University Controller
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Contact Richard Bonnett at rbonnett@gwu.edu
Contact Maria Bockarie at mariabock@gwu.edu

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: _____

Report of: Disposed Assets

Reason for Disposal: _____ Where Disposed: _____

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 / Donate Assets

Donate / Sell to: _____

Sale Price: \$ _____

Fair Market Value: \$ _____

Date of Disposal: _____

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 _____

Report of: Stolen Assets

Date Campus Police Department notified: _____

(Attach copy of police report)

Director, University Accounting Operations (sign) _____ Date: _____

Senior Accountant (sign) _____ Date: _____