

## Research Equipment Deletion Advice Form

The following equipment, purchased under a research award, is to transferred to:

To  on or about   
(Name of Canadian University)  (Effective Date)

	Quantity	Item	Reference Number	Model Number	Serial Number
1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
3	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
4	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	Present Location (Building & Room Number)		Date Purchased		Original Cost
1	<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>
2	<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>
3	<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>
4	<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>

(Additional supporting data should be appended to this form)

Requested by:     
Signature Department Date

Recommended: I hereby confirm that transfer of the above equipment will not interfere with the ongoing research of this division, and recommend its approval.

Signature Title (Principal, Dean, Director) Date

Authorized Approval by one of the following:

(1)  Vice-President & Provost   
 (2)  Vice-President, Research & Innovation   
 (3)  Chief Financial Officer   
Signature Title Date

After final approval, send one copy to the Capital Accountant, Financial Services Department (215 Huron St., 2nd Floor).