

# Authorization for Transfer of Research Funded Assets

Principal Investigator

Employee Number

Principal Investigator Email Address

Department

Current Asset Location

Proposed Asset Location

Descriptions of Asset(s) and Funding Agency

Value (\$)

Asset ID/Serial Number


1. Has the transfer of the asset(s) been approved by the research agency that funded the asset(s)?

2. Has the Receiving Institution agreed to use the asset in accordance with agency guidelines?

3. Reason for the Transfer of the Research Funded Asset(s)

4. Notes or special instructions (Health and Safety, Insurance Requirements)

I am aware and approve of the transfer of this research funded asset:

Principal Investigator(Please Print Name)

Signature \_\_\_\_\_ Date

Associate Dean of Research (Please Print Name)

Signature \_\_\_\_\_ Date

(VP Research/Delegate (Please Print Name)

Signature \_\_\_\_\_ Date

1. Please attach a copy of the **LETTER OF AGREEMENT WITH THE RECIPIENT INSTITUTION** to this form and keep this form for your records.
2. Please provide a copy of this form to the Asset tracking administrator in Financial services: [asset.tracking@queensu.ca](mailto:asset.tracking@queensu.ca).