



Authorization for Transfer of Research Funded Assets

PRINCIPAL INVESTIGATOR	EMPL ID
CONTACT INFO	DEPARTMENT
CURRENT ASSET LOCATION	PROPOSED ASSET LOCATION

DESCRIPTION OF ASSET(S) & 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)

PRINCIPAL INVESTIGATOR _____

PRINCIPAL INVESTIGATOR SIGNATURE _____ DATE _____

I AM AWARE OF AND APPROVE THE TRANSFER OF THIS RESEARCH FUNDED ASSET.

ASSOCIATE DEAN OF RESEARCH _____

ASSOCIATE DEAN OF RESEARCH SIGNATURE _____ DATE _____

I AM AWARE OF AND APPROVE THE TRANSFER OF THIS RESEARCH FUNDED ASSET.

VP RESEARCH OR DELEGATE _____

VP RESEARCH 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