



ORG. # \_\_\_\_\_

P-2 FORM

## OFF-GROUNDS CAPITAL EQUIPMENT CERTIFICATION (P-2) FORM

*(NOTE: Updated P-2 Form needs to be resubmitted annually)*

I certify that the equipment listed below is at my residence or another off-grounds location, and is being used in a manner consistent with the purpose, mission and goals of the University.

(See <http://uvapolicy.virginia.edu/policy/PRM-011> for policy and more information)

**Name of the Institution / Person and Physical Address (NO P.O. Box #'s) of who has the equipment and where it is located:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Reason/Justification for Asset being located off-grounds</b>	<b>Date Asset to be returned</b>
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Asset tag number

Serial Number

Model

Manufacturer

Asset Description

Name of Person Responsible for the Equipment  
(Please Print or Type)

Signature

Title

Date

**I APPROVE THE LOCATION OF THIS EQUIPMENT.**

Name of Chair/Dean  
(Please Print or Type)

Signature

**ORG'S EQUIPMENT / PROPERTY CONTACT:** \_\_\_\_\_  
(Please Print or Type Property Contact's Name)

Send to **Mike Williams, Equipment Inventory Specialist, Fixed Asset Accounting**  
Via email [mikew@virginia.edu](mailto:mikew@virginia.edu) (if email is not possible please fax 434-982-2163 or mail to P.O. Box 400194)

**Please retain a copy in your files!**