



ORG. # _____

FORM P-2

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 <https://policy.itc.virginia.edu/policy/policydisplay?id=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: _____

_____ **Date Asset to be returned**

_____ **Asset tag number**

_____ **Serial Number**

_____ **Model**

_____ **Manufacturer**

_____ **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**

RETURN FORM TO YOUR ORG'S PROPERTY CONTACT: _____
(Please Print or Type Property Contact's Name)

Once completed please forward a copy to: **Mike Williams, Inventory Coordinator, Fixed Asset (Property) Accounting**
mail to **P.O. Box 400194 Carruthers Hall**, fax to **982-2163**, or email to mikew@virginia.edu

Please retain a copy in your files!