

Icahn School of Medicine at Mount Sinai

Change of Property Status Form

Please use this form when transferring, selling, or discarding any tagged School property (To be completed by the department transferring equipment).

Type of Change: Sold Discarded Transferred

If transferred, indicate type: Within school Outside institution location: _____

If transferred, reason for transfer: _____

If sold, amount received: \$ _____ description: _____

Icahn School of Medicine at Mount Sinai Tag #: _____ model/serial #: _____ Original 8 digit funding source: _____

Approval signatures required for dispositions and transfers:

Principal Investigator Approval (\$500-\$2,500)* _____

Print

Signature

Date

Department Administrator Approval (\$500-\$2,500) _____

Print

Signature

Date

Department Chair Approval (\$2,501-\$10,000) _____

Print

Signature

Date

Chief Financial Officer Approval (\$10,001-\$25,000) _____

Print

Signature

Date

Office of the Dean Approval (\$25,001 and over) _____

Print

Signature

Date

* Acquisition values