

Signature_

Principal Investigator Department

Information in shaded cells is required. Information in unshaded cells to be provided when applicable.						If sponsored, provide info on at least one category				Select ONE of these options	
Tag (if applicable)	Acquisition Date		Serial ID (if applicable)	Acquisition Cost		SpeedType	Sponsor Name	Project #	Award #		Staying at CU Name new custodian Disposal
											New Custodian:
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Departing Researcher: I certify that the above is the complete inventory of all fixed assets and untagged non-consumable propert
currently in my custody. I agree not to transfer any of the above items to my new institution until I have obtained all the necessary
approvals from the University of Colorado Boulder.

_Date _

Department Chair or Institute	Director:	I have rev	viewed the	above invento	ry and agr	ree with the	e disposal o	r internal/externa
transfer of each item.								

Signature	D-4-	
Signature	Date	