ORIGIN OF VIRGINIA

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!

09/09