



ORG. # _____

P-2 FORM

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

(NOTE: P-2 Form needs to be resubmitted if any of the original entered P-2 information changes on an asset)

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://uvapolicy.virginia.edu/policy/PRM-011#Tracking> 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: _____

Reason/Justification for Asset being located off-grounds _____ Date Asset to be returned _____

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 COORDINATOR / CONTACT: _____
(Please Print or Type Property Contact's Name)

Send to **Mike Williams, Equipment Inventory Specialist, Fixed Asset Accounting Group**
Via email 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!