*This form is to be completed by the educational or research institution receiving equipment assets from the University of Alberta in connection with the relocation of a researcher.*

The following equipment assets are to be received from the University of Alberta on (effective date of transfer)

due to the appointment of : to

(name of researcher) (name of receiving institution)

|  |  |  |  |
| --- | --- | --- | --- |
| **U of A Asset Tag#** | **Item #** | **Quantity** | **Description of Item** |
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I hereby confirm that I accept the transfer of the equipment assets listed in connection with the duties of the individual appointed to my institution, and that my institution will pay the transportation and other costs related to the transfer of the equipment.

(signature) (printed name) (title) (date)

**Instructions:**

Return the completed and signed form to the University of Alberta, attention:

(U of A unit name, individual, address)