



MEMO

Date:

To: Charlene Hart, Associate Vice President, Research Administration

From:

Re: Disposition of Active Sponsored Projects

This memo is to inform you that I will be leaving the University of Nevada, Reno (University) on the following date:

Regarding my active sponsored projects, I have indicated the proposed disposition plan for each on the attached Proposed Disposition Plan for Active Sponsored Projects Form and hereby request approval of the plan.

Sponsored Project Equipment Transfer Request (check box if applicable)

In addition to the attached sponsored projects disposition plan, I am also requesting the transfer sponsored project funded equipment to my new institution and have attached the Sponsored Project Equipment Transfer Request form for approval.

I understand that only equipment on active sponsored projects will be considered for transfer and that equipment purchased on sponsored projects that have ended will remain at the University. I also understand that I must receive prior approval from the vice president for research and innovation and sponsor before any equipment is removed from University property.



Proposed Disposition Plan for Active Sponsored Projects (SP-DP)

Complete this form to propose a disposition plan for your active sponsored projects prior to leaving the University. Attach completed, signed form to the Proposed Disposition Plan Cover Memo and forward to Sponsored Projects, Mail Stop 325.

Principal Investigator Information

Name: _____ Phone/Email: _____
Unit: _____ Department: _____

Project Information

Project Title: _____
Sponsor: _____
Workday AWD #: _____ Current Award Balance: _____
Project Start Date: _____ Project End Date: _____
Proposed Disposition: _____

Project Title: _____
Sponsor: _____
Workday AWD #: _____ Current Award Balance: _____
Project Start Date: _____ Project End Date: _____
Proposed Disposition: _____

Project Title: _____
Sponsor: _____
Workday AWD #: _____ Current Award Balance: _____
Project Start Date: _____ Project End Date: _____
Proposed Disposition: _____

Project Title:

Sponsor:

Workday AWD #:

Current Award Balance:

Project Start Date:

Project End Date:

Proposed Disposition:

Project Title:

Sponsor:

Workday AWD #:

Current Award Balance:

Project Start Date:

Project End Date:

Proposed Disposition:

Attach additional sheets if necessary to account for further projects.

Approvals

Chair/Director:

Date:

Dean/VP:

Date:

For Research & Innovation Use Only

Associate VP, Research Administration/VP, Research & Innovation Approval:

Date:



Equipment Transfer Request Form (SP-ETR)

Use this form to request permission to transfer any equipment from the University of Nevada, Reno (University). Attach completed, signed form to the Proposed Disposition Plan Cover Memo and forward to Sponsored Projects, MS 325. **No equipment may be removed from University property prior to the approval of the vice president for research and innovation and the sponsor (if applicable).**

Requestor Information

Name: _____ Phone/Email: _____
Unit: _____ Department: _____

Equipment Information

Equipment Item: _____
Serial #: _____ Item Location (Bldg & Room): _____
UNR Asset #: _____ Worktag/Account # Paid From: _____
UNR P.O. #: _____ Acquisition Cost: _____
Acquisition Date: _____ Proposed Transfer Date: _____
Transfer Justification: _____

Equipment Item: _____
Serial #: _____ Item Location (Bldg & Room): _____
UNR Asset #: _____ Worktag/Account # Paid From: _____
UNR P.O. #: _____ Acquisition Cost: _____
Acquisition Date: _____ Proposed Transfer Date: _____
Transfer Justification: _____

Equipment Item:

Serial #:

Item Location (Bldg & Room):

UNR Asset #:

Worktag/Account # Paid From:

UNR P.O. #:

Acquisition Cost:

Acquisition Date:

Proposed Transfer Date:

Transfer Justification:

Equipment Item:

Serial #:

Item Location (Bldg & Room):

UNR Asset #:

Worktag/Account # Paid From:

UNR P.O. #:

Acquisition Cost:

Acquisition Date:

Proposed Transfer Date:

Transfer Justification:

Attach additional sheets if necessary to account for further equipment. For help with equipment information, please contact your Sponsored Projects post-award grant accountant.

Approvals

Chair/Director:

Date:

Dean/VP:

Date:

For Research & Innovation Use Only

Associate VP, Research Administration/VP, Research & Innovation Approval:

Date: