Icahn School of Medicine at Mount Sinai
Change of Property Status Form

Please use this form when transferring, selling, or discarding any tagged School property (To be completed by the department transferring equipment).

Type of Change: □ Sold □ Discarded □ Transferred

If transferred, indicate type: □ Within school □ Outside institution location:______________________________________________

If transferred, reason for transfer:______________________________________________________________________________

If sold, amount received: $_________________________ description:________________________________________________________

Icahn School of Medicine at Mount Sinai Tag #:________ model/serial #:________ Original 8 digit funding source:____

Approval signatures required for dispositions and transfers:

Principal Investigator Approval ($500-$2,500)*

Print Signature Date

Department Administrator Approval ($500-$2,500)

Print Signature Date

Department Chair Approval ($2,501-$10,000)

Print Signature Date

Chief Financial Officer Approval ($10,001-$25,000)

Print Signature Date

Office of the Dean Approval ($25,001 and over)

Print Signature Date

* Acquisition values