



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://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: \_\_\_\_\_

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](mailto: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!**