



**Declaration of Property Ownership  
And Prohibition of Personal Use**

**Department/Division** \_\_\_\_\_

**Responsible Person** \_\_\_\_\_

*(Please Print)*

**Property Description** \_\_\_\_\_

Serial Number \_\_\_\_\_

Model Number \_\_\_\_\_

Equipment listed here was purchased under CU Medicine's tax-exempt not-for-profit status, therefore CU Medicine retains ownership and the equipment is designated for business use only.

Personal use of this equipment violates the IRS policy which prohibits personal gain from equipment purchased under the not-for-profit, tax exempt status given to CU Medicine. Any dollar value assigned to the personal use of this item must be reimbursed to CU Medicine unless it is de minimus (i.e., so small as to make accounting for it unreasonable or administratively impracticable) to prevent violation of standards established for 501(c)(3) corporations.

**PROPERTY OWNERSHIP**

I certify that this item is CU Medicine property and cannot be taken if I leave University of Colorado Denver. I also certify that the item will be used for business purposes only.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return completed and signed form to:

CU Medicine Finance  
Campus Box A069  
Email: [FinancePurchasing@cumedicine.us](mailto:FinancePurchasing@cumedicine.us)