

TO: _____

BOX # _____



ASSET # 10 S _____ 0 0

PO # _____

PO DATE _____

REQ. # _____

EQUIPMENT ADDITION - STATE EQUIPMENT ONLY Return to Box 82, ext. 1465

QTY. <u>1</u>	DESCRIPTION		
MANUFACTURER		MODEL	SERIAL
PAID BY (Function/Account) _____ 00		PAID BY GRANT #RF412 _____	
A) LOCATION UNIT COMPLETED AFTER RECEIPT OF ITEM	USER DEPT. _____ DATE RECEIVED _____ Item will be listed on PCS under State Acct.# (Function Code) listed above. If item should be listed on PCS under a different acct.# SPECIFY ACCT# _____		
	BUILDING _____ FLOOR _____ ROOM _____		
	EQUIPMENT COORDINATOR'S SIGNATURE _____ DATE _____		
B) SMIC COMPLETES	SMI # _____ SERIAL # _____		
C) SMIC OR RECEIVING COMPLETES	ASSET # _____ SERIAL # _____ DATE RECEIVED <u> / / </u>		
	DELIVERED TO: _____		
	DEPARTMENT _____ BUILDING _____ FL _____ ROOM _____		
D) PROPERTY CONTROL USE	TRANS. TYPE <u>2</u> DATE OF ACQUISITION YR. _____ MO. _____ RET. ASSET <u>X</u>		
CLASS _____ GROUP <u>3</u> REMAIN LIFE (YRS.) <u>0</u> (MO.) <u>0 0</u> FUND <u>3</u> CONDITION <u>E</u>			
COST (A/E) <u>A</u> NEW/USED <u>N</u> STATUS <u>1</u> ORIG. COST \$ _____ C.O.R. \$ _____			
INSP. DATE _____ S.U.R.F. OWNED _____ SPLIT FUNDS (P/S) _____ MEDICARE ACCT. <u>7</u>			
DEPR. BEG DATE <u>20</u> /07 INCL. CODE <u>0</u> TREND EXCL CODE <u>0</u> RES. \$ _____			
FA # _____ INSP. CODE _____ INS. DATE _____			
CAMPUS FL 1 _____ CAMPUS FL 2 _____ CAMPUS FL 3 (SMIC#) _____			
<input type="checkbox"/> ADDITIONAL DESCRIPTION FORM ATTACHED <input type="checkbox"/> OFF CAMPUS			
X _____ PREPARED FOR ENTRY BY		X _____ ENTERED BY	
DATE _____		DATE _____	

HSCB-001-F-470-R2-11/00