

TO: _____
 BOX # _____



ASSET # 10 _____ R 0
 PO # _____
 PO DATE _____
 REQ. # _____

EQUIPMENT ADDITION - RESEARCH EQUIPMENT ONLY

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 _____ / / _____ 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</u> <u>0</u> FUND <u>6</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	_____ DATE	X _____ ENTERED BY	_____ DATE