



ASSET INVENTORY SYSTEM

(Please Print All Information)

Custodian \_\_\_\_\_ Phone \_\_\_\_\_

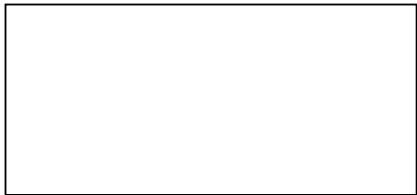
Building \_\_\_\_\_ Room \_\_\_\_\_ Department \_\_\_\_\_

P.O. Number \_\_\_\_\_ Manufacturer's Vendor Name \_\_\_\_\_

Description \_\_\_\_\_ Mfg. Serial Number/Model # \_\_\_\_\_

Note \_\_\_\_\_

If you have any questions while completing this form, please contact **Fixed Asset Office at Ext. 3274.**



Asset Tag # \_\_\_\_\_ GL Account # \_\_\_\_\_

Asset Code \_\_\_\_\_ Insurance Code \_\_\_\_\_ Life/Yrs \_\_\_\_\_

Acquisition Date \_\_\_\_\_ Acquisition Value \_\_\_\_\_ Placed In Service Date \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Inventory By: \_\_\_\_\_ Date: \_\_\_\_\_