INV-IC-001.1/REVISED 07/08

ASSET INFORMATION FORM

ASSET NUMBER

ROOM	DEPT	BLDG	MANUFACTURER'S NAME	MODEL	SERIAL NUMBER

ASSET TYPE	QTY.	STANDARD DESCRIPTION	

ACQUISITION	ORIGINAL	
DATE	COST	

<u>FUND - ORGANIZATION - PROGRAM - ACCOUNT - LOCATION</u>	DEPARTMENT NAME

NOTE: COMPLETE SHADED AREAS AND ATTACH A COPY OF ALL APPLICABLE SUPPORT DOCUMENTATION (RECIEPT, QUOTE, PACKING SLIP, AND/OR INVOICE)

MAIL TO INVENTORY SERVICES OR FAX TO 809-3408

QUESTIONS SHOULD BE DIRECTED TO INVENTORY SERVICES AT 809-4435.