

Equipment Acquisition Form

Details of equipment(s) –

Type of Equipment	
Acquisition Type	
Acquisition value	
Acquisition Date	
Chart of accounts (COA)/Speed Code	
Vendor Name	
Manufacturer	
Model and Make	
Serial Number:	
Location of Equipment	

Signature

Printed - Name /Position

Date

Comments:

Please return all forms and copy of the receipts to Department Administrator, Room 1101A Research Transition Facility