Equipment Installation Form

A. **RECEIVING DEPARTMENT SECTION:** (To be completed by Receiving Department)

Date Equipment received: Invoice # _____

Purchase Order #:

Requisition #:

EMU Tag#	QTY	Description of Equipment	Model / Serial No.#

B. DEPARTMENT SECTION: (To be completed by Department receiving equipment)

Dept. Name _____ Dept.Org.# _____

Please complete the description, Model/Serial number information above (if available).

LOCATION OF EQUIPMENT:

Room# Building Name

Dept. Head Signature

Date

Please call Stephen Siller (Receiving Dept.) at 487-4386 or Kerri Stephenson (Accounting Dept.) at 487-2485 if you have any questions.

ACCOUNTING USE ONLY

Date Form received: _____ Date entered into FAS: _____