

EQUIPMENT INSTALLATION FORM

Receiving Date _____

Accounting Date _____

Requested Information

Purchase Order #:	
Requisition #:	
Invoice #:	
Description:	
Acquisition Date:	
Amount:	
EMU Tag #:	
Serial or Service Tag #:	
Department:	
Department Account #:	
Vendor:	
Model #:	
Building:	
Room #:	
Door Jamb #	
Responsible Person:(Laptops Only)	

Receiving to fill in available information.
 Give to plant accounting to complete at 212 Hover
 Plant Accounting will complete and send a copy to Receiving and the Department
 Call 7-0082 if you have questions.