

SAINT LOUIS UNIVERSITY

PC/FAS No: _____

EQUIPMENT INFORMATION FORM

OFFICE OF THE CONTROLLER

Please provide the location, primary user, and manufacturer's serial number for the equipment listed below. Verify the other information presented below and sign in the space provided. Return completed form to the University Controller's Office.

Location (Building & Room): _____

Primary User: _____

Manufacturer's Serial No: _____

Department: _____ Dept No: _____

Account No: _____ Purchase Order No: _____

MFG/Vendor: _____ Acquisition Date: _____

Description: _____

VERIFIED/COMPLETED BY: _____ Date: _____

Account Administrator

This section to be completed by the Controller's Office

Property Type: _____ Acquired Value: _____

Depreciation Method: _____ Useful Life (yymm): _____

Class: _____ Campus: _____ Fd Group: _____

Bldg #: _____ Abbr.: _____ FY VERIFIED

Prime Use: _____

Disposal Date: _____