



ASSET TAG REQUEST FORM

REQUESTOR'S NAME: _____

Department: _____

ACQUISITION INFORMATION:

Type of Purchase _____

PO#/Invoice#/Reference# _____ Acquisition Date _____

Speed Code _____ Account _____ Vendor: _____

EQUIPMENT INFORMATION:

Tag Assigned: _____

Type of Equipment: _____

Manufacturer/Make/Model: _____

Serial Number: _____

Location (Room & Bldg): _____

Cost (Cdn Funds): _____

Other Information to Track w/Asset:

EQUIPMENT INFORMATION:

Tag Assigned: _____

Type of Equipment: _____

Manufacturer/Make/Model: _____

Serial Number: _____

Location (Room & Bldg): _____

Cost (Cdn Funds): _____

Other Information to Track w/Asset:
