Asset Management						
Date:			I nve ро #:	ntory Information	Name:	
						Person filling out the form
Tag#	Campus	Room #	Serial #	Model#	Brand Name	Description

I certify that the above equipment has been tagged.

I will notify Asset Management of any changes to the location of the equipment.

Signature of person filling out the form

Note: This form is to be used primarily for the purpose of recording information for new equipment delivered directly to a campus, where the use of an E-Form is not needed. The above equipment must be properly tagged. The required information must be recorded. Send form to Asset Management by email at <u>asset.imagenow@hccs.edu</u> or fax to 713-718 7580. If hand written, please write legibly to avoid any letters or numbers being transposed incorrectly. If this form is used to record information for the transfer of equipment from one location to the other, the information must be put on an E-Form (Move / Transfer Request form).