



Equipment Purchase Form

(The purpose of this form is to communicate new assets to Property Control for tagging purposes)

Date: _____

Department Name _____

Building Name _____

Room Number _____

Is Equipment New or Used _____

Quantity _____

Original Equipment Cost _____

Description of the Equipment _____

Manufacturer _____

Model # _____

Serial# _____

Original Purchase Order # _____

Original Purchase Order Date _____

Capital PROJECT# (if applicable) _____

Person Using the Equipment _____

Is the equipment a replacement of an asset? _____

If yes, what asset # is it replacing? _____

Why was the equipment replaced? _____

Is the equipment off campus? _____

Is yes, indicate location of the equipment? _____

(For Property Control Office Use Only)

Was this Split Funded _____

Account # Charged:
If Research Foundation: _____

If State Funded: _____

If College Foundation: _____

If PCard (Receipt Attached): _____



Office of Business Affairs

Condition of Equipment	Cost Code	Status Code	Date the Equipment was placed in service
28550			
Campus	Fund Code	Class Code (see Class Code List)	Remaining Life
Bar Code#	Equipment Group	Invoice #	SUNY Voucher #
Campus Tag #	N/A AHA Code	SVC/Cost	

Revised 12.12.22