

**COMPLETE AS MUCH INFORMATION BELOW AS POSSIBLE**

Description: \_\_\_\_\_

Department: \_\_\_\_\_

ORG Code: \_\_\_\_\_

Status:  Received  Work in Progress  Loaned to OSU

Received Date: \_\_\_\_\_ Completed Date: \_\_\_\_\_

Condition:  Excellent/Good  Fair  Poor

Location: \_\_\_\_\_  
*[Building Name/Number and Room Number]*

Value: \$ \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
*[May be different than vendor]*

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

PI/Custodian Name: \_\_\_\_\_

PI/Custodian OSU ID #: \_\_\_\_\_

**Title-To:**

- OSU-owned, insured (SI)
- OSU-owned, not insured (WIP)
- Federally-owned/restricted, insured (FI)
- Other-owned (not OSU or Fed), insured (OI)
- Conditionally-owned by OSU, insured (CI)

**How Acquired:**

- Purch State Funds (PS)  Lease (LE)
- Purch Fed Funds (PF)  Loan (LN)
- Purch Other Funds (PU)  Other (OT)
- Gift (GF)

**Use Code:**

- Organized Research (OR)
- Other Sponsored Activity (OS)
- Other Institutional Activity (OI)
- Auxiliary (AX)
- Service Center (SC)
- Other (OT)  
*[Please describe Other use code]*

For Service Center or Auxiliary, enter Asset Funding Source (*required only if different than invoice*):

Index	Fund	Org	Acct	Prog	Actv	Locn	"%"	Amount

Additional Information:

Requestor Name \_\_\_\_\_ Requestor Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Fixed Assets Use Only

Asset Tag # \_\_\_\_\_ Tag Date: \_\_\_\_\_