



THE UNIVERSITY OF
CHICAGO

**OFFICE OF THE
COMPTROLLER**
Property Management

EQUIPMENT ADDITION FORM

PLEASE NOTE :

Only use this form for one of the transactions listed below

Transaction Type (please check one)

Gift

Brought by new faculty

Government furnished

from another institution

Information

Description: _____

Manufacturer: _____

Model/Model number: _____

Serial number: _____

Building location: _____

Corridor location: _____ (if applicable)

Room location: _____

Fair market value (est): \$ _____

Acquisition date: _____

Owning department: _____

Department contact: _____ Phone: _____

Attach Gov't/donor transmittal information (if applicable)

FAS Award #: _____ (if applicable)

Attach IRS form 8283 Noncash Charitable Contributions (if applicable)

Departmental Approvals (please print name & initial)

Name

Date

Equipment Coordinator _____

Comptroller's Office _____

SEND TO:

Property Management

Fax: (773) 702-6593

Faculty Exchange Address: CSM 206