

## UNIVERSITY OF ARIZONA EQUIPMENT INFORMATION FORM

Responsible Person Information:  Last Name		First Name	Middle Initial				
Employee 3	ID						
Departmen	t Name		Department N	Tumber	Telep	hone Number	
Off-site Lo	ocation Information:						
Street	Cit	y	State 2	Zip Code			
Signatures	s:						
Responsible Person Date _		Date	Department Head or Director Date				
Equipmen	$oldsymbol{t}$ Listing (If more than four items attach a	list)					
Tag Number	Description	Manufacturer	Model Number	Serial Number	Acquired Date	Equipment Location (Building/Room)	Actual Return Date