

Property Control P101 Form

COMPLETE THIS SECTION:

ASSET _____	BLDG _____	ROOM _____	Received Date _____
DEPT CHARGE CODE _____	FLOOR _____	OFF CAMPUS <input type="checkbox"/>	Project No. (if any) _____
			(If yes, use X, Indicate location below)
PROP. ACCT- <input type="checkbox"/> B-Building	<input type="checkbox"/> 1-Built-In, Building Support	SPLIT FUNDS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Manufacturer _____
<input type="checkbox"/> 2-Built-In, Other	<input type="checkbox"/> 3-Moveable	(If yes, explain funding below)	Model _____
			Serial No. _____
			SURF Code (Research Foundation only) _____ (see Code Sheet)
			SURF Agency Code _____
ACQUIRE DATE: _____			Purch. Order No. _____ (if known)
YYYY / MM			Purch. Order Date _____ (if known)
FUND: _____ (see Code Sheet)			Warranty No. _____ (optional)
			Warranty End Date _____ (optional)
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Scrap			Inspector Code _____ (fixed asset only)
COST: <input type="checkbox"/> Actual <input type="checkbox"/> Estimate <input type="checkbox"/> Market Value			Inspector Date _____ (fixed asset only)
			Cost of Reproduction _____
			(For new equip., same as original cost. For used equip., estimate replacement cost)
STATUS: <input type="checkbox"/> 1-In Use <input type="checkbox"/> M-Leased equip. <input type="checkbox"/> R -Unaccountable			Is this equipment a replacement of an asset on PCS? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 3-In Storage <input type="checkbox"/> N-Obsolete(in use) <input type="checkbox"/> Other-(see code sheet)			If yes, what asset No. was replaced? _____
<input type="checkbox"/> 4-Surplus <input type="checkbox"/> Q-Lease Purchase (title w/state)			
QUANTITY: _____ FIXED ASSET: Yes <input type="checkbox"/> No <input type="checkbox"/>			What happened to replacement asset:
DESCRIPTION: _____			<input type="checkbox"/> Traded-in (H) <input type="checkbox"/> Transferred to another agency (A)
NEW <input type="checkbox"/> or USED <input type="checkbox"/>			<input type="checkbox"/> Cannibalized (L) <input type="checkbox"/> Unaccountable (R) (explain below your attempts to locate).
ORIGINAL COST: _____ (estimate, if not known)			<input type="checkbox"/> Other (state reason below)

NOTES/COMMENTS:

FOR OFFICE USE ONLY:

APPRAISAL CODE _____	CLASS CODE _____	REMAINING LIFE _____ / _____	FA No. _____
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