

**Boston University  
Office of Grant & Contract Accounting  
Property Management  
25 Buick Street, Rm. 230  
Boston, MA 02215**

**MOVABLE CAPITAL EQUIPMENT MANAGEMENT FORM**

Status	Tag Number If Assigned	Action Date	Description	Manufacturer	Model	Serial Number	Address	Room	Proceeds (If Sold)

Comments: \_\_\_\_\_

Responsible Person (Print Name): \_\_\_\_\_ Responsible Person (Signature): \_\_\_\_\_

Unit/Department Number: \_\_\_\_\_ Unit/Department Name: \_\_\_\_\_ Tel. Ex: \_\_\_\_\_ Date: \_\_\_\_\_

Deletion Status Codes:								Acquisition Status Codes:			
SO	ST	TI	SC	DN	RV	DS	TR	T	L	D	F
Sold	Stolen	Trade In	Scrapped	Donated	Return To Vendor	Destroyed Fire, etc.	Tran. Out	Tran. In	Lease Loan	Donated	Fabricated