

**Office of Grant & Contract Accounting  
Moveable Capital Equipment**

Property Management's records indicate that your department is in possession of an asset not located on the Charles River campus. We need your assistance to assign an asset identification label to this asset. In order to maintain an accurate asset inventory please supply all of the information requested in the **numbered area** of the form below and return the completed form to:

**Office of Grant and Contract Accounting  
Property Management  
25 Buick Street, 2nd floor  
Boston, MA 02215**

Upon receipt of your response an asset identification label will be sent to you by return mail. It is your responsibility to make certain that this label is applied to the correct asset. If you have any questions or concerns please feel free to call me.

Thank you,

\_\_\_\_\_  
Property Administrator (617) 353-8083

**Asset Information:**

**LABEL NUMBER** \_\_\_\_\_ (Provided by return mail, attach to asset)

**Description** \_\_\_\_\_

**Purchase Order Number** \_\_\_\_\_ **Requisition Number** \_\_\_\_\_

(1) **Manufacturer** \_\_\_\_\_ (2) **Model Number** \_\_\_\_\_

(3) **Serial Number** \_\_\_\_\_

(4) **Name of individual responsible** \_\_\_\_\_

(5) **On Campus Address and Room Number for Responsible Person** \_\_\_\_\_

**(6) Item is Located**

**At Responsible Person's Home** \_\_\_\_\_

**Other Campus, Name of Campus** \_\_\_\_\_

**Foreign Location, Name of Location** \_\_\_\_\_

\_\_\_\_\_  
(Completed by) (Tel. Ext.) (Date)

The above information is subject to audit and will be reviewed for accuracy by external and internal review groups.