

Select type of Purchase: Fabrication  Gift  Other  Procard  Purchase Order 

Billing Date: \_\_\_\_\_

Cost Center or Project ID: \_\_\_\_\_

Credit Card Holder: \_\_\_\_\_

or PO #: \_\_\_\_\_

**Description of Equipment Purchased:**

Department of Equipment: \_\_\_\_\_

Department ID: \_\_\_\_\_

Location of Equipment: Building: \_\_\_\_\_

Room: \_\_\_\_\_

Model #: \_\_\_\_\_

and

Serial #: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Asset Amount: \_\_\_\_\_

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

Preparer's Name: \_\_\_\_\_

Preparer's Phone Extension: \_\_\_\_\_

**Fax or scan this form along with the sales receipt or invoice to the Property Management Office:**FAX 817-272-5220  
PHONE 817-272-2191  
EMAIL [property\\_mgmt@uta.edu](mailto:property_mgmt@uta.edu)

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

**Property Management**  
**Official Internal Use Only:**

UTA Tag#: \_\_\_\_\_

Asset ID#: \_\_\_\_\_