SEAS Capital Equipment/Fabrication Tagging Form

1. Layman’s description of the Single Capital Asset or Finished Fabricated Asset (must include a noun):
   __________________________________________________________
   ______________________________

   Is this a Fabrication? Yes/No

2. Principal Investigator: ___________________ Primary User: ___________________
   Email: ___________________________ Email: ___________________________
   Phone: ___________________________ Phone: ___________________________

3. Location where Single Capital Asset or Finished Fabricated Asset will reside:
   Building: ___________________ Address: ___________________
   Floor: ___________________ Room #: ___________________

4. Estimated Total Cost: $__________________________

5. Estimated date usage will begin/the date it is capable of producing science (whichever is earlier): __/__/__

6. Asset Type (Check One): Useful Life (as Defined by University Policy):
   Scientific Equipment ______ 8 Years
   Other Equipment ______ 7 Years
   Computer Hardware/Software ______ 4 Years
   Furniture/Office ______ 7 Years
   Furniture/Residential ______ 3 Years
   Vehicle ______ 4 Years

7. Component Information (if purchasing more than one component, attach additional sheets):
   Layman’s Description: _________________________________________
   (leave blank for single Capital Asset purchases with one component –same as #1)
   Manufacturer: ______________ Model: ______________ Serial#: ______________
   Warranty Expiration Date: __________________ Warranty Info: ______________
   CPU Type: ______________ Memory: ______________ “CPU Name” at University: ______________

8. 33 Digit Account coding used for purchase:
   Tub Org Object Code Fund Activity SubAct Root
   ___________________________________________________________________

   Is purchase being made with Sponsored funds (range 100000 – 299999)? If YES:
   *Sponsor/Government Name: ___________________ Award #: ___________________

   Is the Estimated Total Cost (#4 above) >/= $25,000? If YES:
   (SEAS Procurement must obtain a signed Vendor Debarment from the vendor before you request can be completed.
   Please provide vendor information to assist us in obtaining this form from the vendor)
   Vendor name: ___________________ Vendor Contact: ___________________
   Vendor Telephone #: ___________________ Vendor Fax #: ___________________

   Today’s Date: __/__/____ Submitted by (Print Name): ___________________
   (Signature): ___________________ Email: ___________________
   Phone: ___________________

   Reviewed and Approved by SEAS Equipment Manager: ___________________
   (Signature) (Date)

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