

UNIVERSITY SYSTEM OF NEW HAMPSHIRE
FINANCIAL AND ADMINISTRATIVE PROCEDURES

EQUIPMENT LOCATION FORM- USNH 11-010F

Fill in as much information as possible.

USNH Barcode#: _____

Banner Tag#? (formerly FATX#): _____

Manufacturer: _____

Model: _____

Serial#/VIN#: _____

Other Description: _____

RESPONSIBLE PERSON/CUSTODIAN (only required if custodian is changing)

Old: _____ New: _____

Last 4 digits of New Custodian ID: _____

LOCATION (only required if location is changing)

Old Bldg: _____ Old Bldg #: _____ Old Room #: _____

New Bldg: _____ New Bldg #: _____ New Room #: _____

Old Department: _____ Old Org: _____

New Department: _____ New Org: _____

Transfer Date: _____

Please check one: Temporary / Permanent change

If Temporary, Approximate Duration: _____

Email to foc.accounting@usnh.edu