Print Form

DEPARTMENT OF REGENERATIVE MEDICINE & CELL BIOLOGY

PROPERTY & EQUIPMENT ACTIVITY FORM

Asset Number	Complete Description of Equipment (Include Name of manufacturer)	From (BLDG & Rm#)	To (BLDG & Rm#) or SURPLUS	Model & Serial Number	Property Custodian	Comments (Include current condition)

Requested By: DATE:

Approved By:

FORM updated by:
Evelyn Fabunan
May 14, 2013