

Acquisition Type:  Purchase Order  ProCard  Gift  Fabrication  Transfer to UTA Other \_\_\_\_\_

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

Credit Card Holder: \_\_\_\_\_ or PO #: \_\_\_\_\_

**Description of Equipment Purchased:**

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

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

Custodian Name: \_\_\_\_\_ Custodian ID: \_\_\_\_\_

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

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

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

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

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

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

**Scan and email this form along with the sales receipt or invoice to the Distribution Services Office:****PHONE 817-272-2191****EMAIL [Distribution\\_Services@uta.edu](mailto:Distribution_Services@uta.edu)****Distribution Services  
Official Internal Use Only:**

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

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

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.