

COLLEGE OF VETERINARY MEDICINE

Equipment Approval Form

This form is to be returned upon completion to the appropriate Program Manager/A/S Coordinator.

Date: _____

Purchase Order No. _____

Vendor _____

Item Description _____

Equipment Manufacturer _____

Serial Number _____

Equipment Location (Room No.) _____

I certify that the above described equipment has been properly examined and is in satisfactory working order for College use.

Signature of approving individual

Date

The above described equipment is assigned to the inventory record of:

Signature of Program Manager/A/S Coordinator

Date

Note: Return this completed for to the Coordinator of Ancillary Services as soon as possible. Any late payment penalties assessed will be charged to your Program or Service Area.