



ASSET INVENTORY SYSTEM

(Please Print All Information)

Custodian _____ Phone _____

Building _____ Room _____ Department _____

P.O. Number _____ P.O.Date _____ Manufacturer's Vendor Name _____

Description _____ Mfg. Serial Number _____

Department Head/Supervisor Authorization _____

If you have any questions while completing this form please contact Himanshu Patel (Fixed Asset Accountant, hpatel17@njcu.edu or x 3274)

CONTROLLER'S OFFICE USE ONLY

Asset Tag # box

Asset Tag #

GL Account # _____

Asset Code _____

Insurance Code _____

Life/Yrs _____

Acquisition Date _____

Acquisition Value _____

Placed In Service Date _____

Entered By: _____

Date: _____

Inventory By: _____

Date: _____