

Purpose: To report a capital asset which is the property of Carnegie Mellon but used in a location not owned or leased by Carnegie Mellon.

Department Number: _____ Department Name: _____

Faculty/Staff User's Name: _____ Campus Building: _____ Room #: _____

The equipment listed below is used for CMU-related activities at the address noted below and is the property of CMU, the government, or other sponsor/agency.

CMU Tag No.	Description	Model No.	Manufacturer	Serial No.

Complete Address of Equipment Location

Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Equipment User

Equipment User **Signature** **Date**

Department Business Manager or Property Officer

Business Manager or Property Officer **Signature** **Date**

Finance Division Use Only
Processed: _____ Date: _____

Submit this form to
Property Accounting Services at
PropertyAccounting@andrew.cmu.edu.