LSU
LOUISIANA STATE UNIVERSITY

EQUIPMENT INVENTORY ACTION REQUEST

SUPPLEMENT FORM

DEPARTMENT	BUDGET / ACCOUNT CODE	DATE

Department to complete Columns and Equipment Condition section below

Item/Description	Inventory #	✓	Mfg/Serial #	Location

Equipment Condition/Comments (Provide Complete Details)

Signature_____

FOR PROPERTY MANAGEMENT OFFICE USE ONLY

☐ Items Picked Up

Date:

revised 1/3/09