



Asset/Inventory
Tag Number: _____

Property Control Registration Form

Purpose of form Addition Drop Change Transfer

Description _____

Parent Asset or PO # _____

Total Cost _____

Responsible Org./Dept. _____

Location _____

Building Name

Building #

Room #

Title To	<input type="checkbox"/> FF Fed. Gov. Furn./Loan	<input type="checkbox"/> FG Fed. Gov. Bought by Rice	<input type="checkbox"/> IN Institution	<input type="checkbox"/> RN Rice (Subj to Govt. rights nfdp)	<input type="checkbox"/> RG Rice (Subj to Govt. rights fdp)	<input type="checkbox"/> PS Private Other Sponsor
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Purchase Order # _____

Vendor _____

Manufacturer _____

Year Built/Make _____ Model # _____

Serial # _____

Date Rec'd/Paid _____ In service Date _____

Fund

Org

Acct

Funding Source(s) _____

Completed by _____

Return Tag(s) To _____

Date Tagged _____

Date Form Returned _____