



MSU Property Acquisition Form

Please include all available acquisition information requested. The serial number should be taken directly from the equipment. Incomplete or handwritten forms will be returned for completion.

This form prepared by: _____

Name: _____ Phone: _____ Date: _____

Agency: _____ Dept ID: _____ Department: _____

New Acquisition	Property Control Use
Upgrade to Existing Inventory No.: _____	Assigned Inv No: _____

Equipment Information		Property Control Use	
Acquisition Method:			Voucher No: _____
P.O. Number/ProCard Number:			Major: _____
Description:			Inter: _____
Model: _____	Model Year: _____		Minor: _____
Serial No:			Mfg Code: _____
Manufacturer:			Cat Code: _____
Vendor:			Rpt No: _____
Category:			Fund: _____
Usage:			Acq Code: _____
Value/Cost:			Usage Code: _____
Room No:			Value: _____
Building:			Veh Title No: _____
Responsible Person:			Entered By: _____
Date Received:			Date: _____
ProCard Receipt Attached: Yes No	Vice President: _____		

Additional Cell Phone Information

Cell Phone No: _____ Wireless Plan: _____

Employee: _____ Wireless Provider: _____

Official Business Need: _____ Wireless Communication Request Form Attached: Yes No

Additional Vehicle Information

Tag No: _____ **INVENTORY NUMBER WILL NOT BE ASSIGNED UNTIL TAG IS RECEIVED**

Vehicle Type: _____ Category: _____ Primary Use: _____

AUTOMOBILES: No. of Cylinders: _____ Passenger Capacity: _____

TRUCKS, VANS, SUVS: Tonnage: _____

Marked with MSU Decals: Yes No Odometer Reading: _____ Primary Driver: _____

General Instructions

This form prepared by	Name, phone number of person completing form - for contact purposes.
Phone	Phone number of person completing the form.
Date	Date of form completion.
Agency	Select the appropriate agency from the Drop Down List.
Dept Code	Enter the 1-3 character code assigned to department.
Dept	Name of department associated with equipment.
New Acquisition/ Upgrade	Select whether this is a new acquisition or an upgrade to an existing item. Enter inventory number of the upgraded item.
Description	Enter short description of item.
Model	Enter model number of item.
Model Year	Enter Model Year if this acquisition is for a vehicle. Otherwise, leave field blank.
Manufacturer	Enter the manufacturer (not vendor, unless they are the same) of the item.
Vendor	Enter the source of your acquisition.
Category	Select the appropriate category code from the Drop Down List.
Usage	Select the appropriate usage from the Drop Down List.
Value/Cost	Enter the appropriate value.
Room No	Enter the room location of the item.
Building	Name official building of location or enter building inventory number.
Responsible Person	Enter the name of the person using the equipment.
Date Received	Enter the In-Service date.
ProCard Receipt Attached	Select Yes or No.
Vice President	Select the appropriate vice president from Drop Down List.
Additional Cell Phone Information	Answer all questions.
Additional Vehicle Information	Answer all questions.

Complete and forward to: Receiving & Property Control (RPC)
P.O. Box 6177
Mississippi State, MS 39762
Mail Stop 9605
Phone: (662) 325-2545
Fax: (662) 325-4551

Maintain a copy of this form in departmental file for audit purposes.