

University of South Alabama  
**Equipment Receiving Report**



Equipment (\$2,000-\$4,999)/Capital Equipment (\$5,000 and over)

Purchase Order \_\_\_\_\_

Tag #	Item	Date Rcv'd	Building	Floor	Room

Contact person \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_

**FOAPAL String (FOA Required)**

Fund	Organization	Account	Program [Bus Off Use]	Activity [Optional]	Location [Optional]
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; background-color: #cccccc;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**You have ordered equipment which will be delivered to your department. Federal and /or state regulations necessitate affixing an identifying tag in most cases**

Please complete the above information upon receipt of equipment and return to:

Kerry Logan  
 Business Office  
 AD 380