



Tagging Worksheet

If form is not returned within 3 business days of receipt of the form (email or mail), a default Custodian, Equipment Manager, Org and Location will be assigned. If you want any of this information changed, contact spa_plant@nmsu.edu.

| | |
|----------------------|--|
| PO#: | ORDERING DEPARTMENT: |
| VENDOR: | DELIVER TO BLDG.: |
| | ROOM : |
| TODAY'S DATE: | CONTACT PERSON (Initiator of Req.): |
| | PHONE (Contact person) : |

| ITEM # (PO line item) | MANUFACTURER (from PO) | DESCRIPTION (From PO – description of item) | MODEL # | SERIAL # (Entered by department) | INVENTORY TAG (Entered by central property) | BUILDING & ROOM # OF LOCATION OF ITEMS (Entered by department for inventory record) |
|---------------------------------|----------------------------------|---|----------------|--|---|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

REQUIRED FOR INVENTORY AND AUDIT *

| | | | | | |
|----------------------------------|--|--|--|---|--|
| *CUSTODIAN NAME: | | *EQUIPMENT MANAGER NAME: | | *ORG NUMBER: (dept. responsible for inventory) | |
| *CUSTODIAN BANNER ID: | | *EQUIPMENT MANAGER BANNER ID: | | *INDEX & ACCOUNT CODE (for PCard purchase only): | |

NOTES/COMMENTS: _____

| |
|--------------------------------|
| <u>CENTRAL PROPERTY</u> |
| DELIVERED BY: _____ |
| TAGGED BY: _____ |

FS WORKORDER # _____