

**INVENTORY CONTROL FORM**

DEPARTMENT/UNIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF EQUIPMENT: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_

COST OF EQUIPMENT: \_\_\_\_\_

PLEASE INDICATE THE LOCATION OF THE EQUIPMENT, IF NOT AT THE ABOVE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS EQUIPMENT WILL BE TRANSFERRED TO YOUR UNIVERSITY SYSTEM OF MARYLAND INSTITUTION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (Please print)

\_\_\_\_\_  
TITLE

THIS FORM MUST ACCOMPANY YOUR CHECK REQUEST.  
A COPY WILL BE SENT TO THE DEPARTMENT AT YOUR INSTITUTION THAT HANDLES INVENTORY,  
FOR ADDITIONAL PROCESSING, AS APPROPRIATE. THANK YOU FOR YOUR COOPERATION

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**For Office Use Only**

CHECK NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_