

USF FORM #3069 REPORT OF ITEM EXPENSE FOR EQUIPMENT MANUFACTURED OR ASSEMBLED AT THE UNIVERSITY OF SOUTH FLORIDA

Prepare in triplicate, forward the original and one copy to the Property Department and retain one copy for your department files.								
Erroneous forms will be returned unprocessed to the department for correction.								
OPERATING UNIT	FUND CODE	DEPARTMENT ID	PRODUCT	INITIATIVE	PROJECT			
Manufactured or Assembled by:								
DEPARTMENT NAME		PHYSICAL PLANT		OTHER (SPECIFY)				
Contact Information:								
CONTACT NAME (TYPED)		CONTACT PHO	ONE NUMBER	CONTACT MAIL POINT				

Accountable Officer Authorization:

			Y					
ACCOUNTABLE OFFICER NAME (Print or Type)		DATE	ACCOUN	TABLE OFFICER SIGNA	TURE			
PO#	DESCRIPTION OF EXPENSE ITEM	ACQ DATE	ACQ COST	EXPENSE ACCT	QTY			
TOTAL COST								

Explain reason for above expense purchases:

FOR PROPERTY USE ONLY									
TAG NUMBER	MANUFACTURER	MODEL	DESCRIPTION	SERIAL ID	LOCATION				

Comments: