

University of Arkansas
Inventory Replacement Form

R _____

NEW INVENTORY ITEM INFORMATION

UA TAG NO: _____ **BUNIT:** _____

SERIAL NO: _____

BUILDING: _____ **ROOM:** _____

ACQ DATE: _____ (Note: This date is the current month and year)

VENDOR: _____

CCN: 1040-00000-00-0000

INVENTORY REPLACEMENT ACKNOWLEDGEMENT

CONTACT PERSON SIGNATURE: _____

COMMENTS:

REPLACES TAG NUMBER: _____

FOR OFFICE USE ONLY:

Entered by: _____

Date entered: _____