

UNIVERSITY SYSTEM OF NEW HAMPSHIRE
FINANCIAL AND ADMINISTRATIVE PROCEDURES

EXTERNALLY FURNISHED EQUIPMENT – USNH FORM 11-020F

Custodial Information

Department: _____ Banner Org: _____

Date Received: _____

Name of Furnishing Agency: _____

Banner Agency Code: _____

Address: _____

Associated Grant Name: _____

Banner Grant Code: _____

Responsible Person/Custodian: _____

Last 4 digits of Custodian ID: _____

Information about the equipment (Required)

Description: _____

Serial #: _____

Model: _____

Manufacturer: _____

Estimated Value: _____

Estimated Age: _____

Condition: _____

Location: Building Name: _____

Building #: _____ Room #: _____

**Please forward all paperwork received from the provider (e.g. shipping documents)
and send completed forms to:**

USNH Property Control
Foc.accounting@usnh.edu