

**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
EQUIPMENT ADDITIONS**

**Phone: (405) 271-2385 / Fax (405) 271-3981**

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**To report an Addition to your Inventory**

Purchase Date: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Serial Number: \_\_\_\_\_

Chartfield Spread: \_\_\_\_\_

Item Location (building & room #): \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

**Email copy of this form, invoice and other documentation to  
[EquipmentInventory@ouhsc.edu](mailto:EquipmentInventory@ouhsc.edu)**