EQUIPMENT RECONCILIATION FORM

PID: _____ DATE: _____

FNAME: _____ LNAME: _____

DEPARTMENT: _____ TITLE: _____

BUILDING: _____ ROOM #: _____ EXT #: _____

NO EQUIPMENT (CHECK HERE) ☐

DESCRIPTION	TAG # Include "FP" or "S" if applicable.	MODEL #	SERIAL #

EMPLOYEE SIGNATURE: _____ DATE: _____

EMAIL SIGNED FORM TO: **propertyinventory@laredo.edu**

PROPERTY INVENTORY USE ONLY: BANNER SYSTEM UPDATE

UPDATED FFATRAN: ☐

FNAME: _____ LNAME: _____

SIGNATURE: _____ DATE: _____

REVISED 08.28.25