

## Property Control Registration (PCR) Form Definitions

**Purpose of form:** Indicate whether you are submitting this form for the Addition of a new asset, to Drop an existing asset from your department's inventory, to Change the location of an asset, or to Transfer the responsibility for an asset to another department.

**Description:** Provide a brief but adequate description of the item. In addition, if the item is commonly referred to by a particular name or word, provide that for identification purposes.

**Parent Asset or PO #:** If this item is a component of an existing asset, provide the asset tag # of the existing (parent) asset or the PO # used when the asset was originally purchased.

**Total Cost:** Provide the total (entire) cost of the item.

**Responsible Org./Dept.:** Provide the name and org number of the department responsible for the safe keeping of the item.

**Location:** Provide the building name and room number in which the item is located. Property Accounting will record the building number when processing the form.

**Title To:** Identify how the title of the item vests.

FF – Furnished or Loaned by the Federal Government.

FG – Bought by Rice, Titled to the Federal Government.

IN – Owned by Rice.

RN – Owned by Rice, Subject to Governmental Rights – Non Federal Demonstration Partnership (non-fdp). Depending on the agency involved, you may be required to get prior approval for equipment purchases.

RG – Owned by Rice, Subject to Governmental Rights – Federal Demonstration Partnership (fdp).

PS – Titled to Private Sponsor/Other.

**Purchase Order #:** Provide the purchase order number under which the purchase of this item originated.

**Vendor:** Provide the name of the Vendor who sold the item to you.

**Manufacturer:** Provide the maker of the item.

**Year Built/Make:** Provide the year the item was built or its make.

**Model #:** Provide the item's model number.

**Serial #:** Provide the serial number of the item.

**Date Rec'd/Paid:** Provide the date the item was received or its invoice was paid.

**In service Date:** Provide the date the item was placed into service.

**Funding Sources:** Provide the Fund Number(s), Org Number(s), and Acct Number(s) used to purchase this item. Attach additional pages, if necessary.

**Completed by:** Provide the name of the person who completed this PCR.

**Return Tag(s) To:** Provide the name and mailstop of the person who should be sent the Rice asset tags.

**Date Tagged:** Provide the date the item was tagged.

**Date Form Returned:** Provide the date the form was returned to Property Accounting.