CAPITAL EQUIPMENT DELIVERY DOCUMENTATION

Capital equipment inventory information needed for delivery acceptance and entry into the

University of Kentucky asset inventory system: Item description: UK Primary Delivery destination: Chandler Medical ctr. Dock 1, 1000 S. Limestone Street or Good Samaritan Hospital-Receiving Dock 310 S. Limestone Street UK Requesting Department: (Markey, Radiology, Etc.) Installation Date by Vendor: _____ Destination if other than ones listed above (ex. offsite clinics): Vendor confirmation order number: Shipper name & tracking number: ______ Shipment date: ______ Shipment delivery date: ______ Vendor representative:

Email above documentation to:

Steven Stevenson

Materials Management Coordinator

Emil: Steven.stevenson@uky.edu

UK Chandler Hospital 1000 S. Limestone St. Lexington KY, 40536

Phone: 859-218-4983

CC: Chris Petter (cbpett2@uky.edu), Bob Payton (rjpayt2@uky.edu), & Liam Wardell (liam.wardell@uky.edu)