



FIXED ASSET ACQUISITION FORM

FIXED ASSET TAG #: _____ **SCHOOL YEAR:** _____

SCHOOL/ DEPARTMENT NAME: _____

FIXED ASSET DESCRIPTION: _____

****(IMPORTANT: Complete section below- if no serial # put N/A)***

****MAKE:*** _____

****MODEL:*** _____

****SERIAL:*** _____

LOCATION OF ASSET (ROOM#): _____

QUANTITY: _____ **COST: \$** _____

P.O. #: _____ **FISCAL YEAR:** _____

CHECK #: _____ **PURCHASE DATE:** _____

INVOICE # _____

VENDOR NAME: _____

GENERAL LEDGER ACCOUNT NUMBER: _____

FEDERAL FUND: YES _____ **NO** _____

CLASSIFICATION: CONTROLLED ASSET _____ (Less than \$5,000)
CAPITAL ASSET _____ (\$5,000 and above)
LEASED ASSET _____

**** CREDIT CARD PURCHASE: (Must have a copy of invoice attached to asset form.)***

NAME ON CARD: _____ **LAST 4 DIGITS CARD #:** _____

GENERAL LEDGER ACCOUNT NUMBER _____

ADMINISTRATOR/DESIGNEE SIGNATURE: _____

_____ **DATE FORM RETURNED TO FINANCE DEPARTMENT**

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DATE SENT TO SCHOOL/DEPT. _____

KEYED IN FIXED ASSET: DATE: _____ **BY:** _____