



ASSET ACQUISITION FORM

<u>Building</u>	<u>Department/Teacher</u>	<u>Room Number</u>
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Split Line Item by _____

Section 1, Indicate One:

Purchase Order Number: _____

Line #'s _____

Donated, Y/N

Leased ___ Yes ___ No (If yes, circle payment period: Annual / Daily/Monthly / Quarterly / Semi-Annually / Weekly)

Section 2

Inventory Tag Number: _____

Secondary Tag Number: _____

Serial Number: _____

Model Number: _____

Manufacturer/Vendor: _____

Asset Description: _____

Cost/Value: _____

Date Received: _____

Section 3, To be completed for donated assets only:

Name and Address of Donor: _____

Year Originally Purchased by Donor: _____ Unknown _____

Condition: Good Fair Poor

Signature: Principal/Administrator: _____

Date: _____

To be completed by the Business Office:

1000 Land, 1100 Outdoor Property/Eq., 1200 Pol./Fire/Security Eq., 1300 Mach./Tools, 1400 Kit/Appli., 1500 Sci/Eng., 1600 Furn./Acc.,

Item Category: _____

1700 Bus. Mach., 1900 Comp. Eq., 2100 A/V Eq., 2101 Asphalt/Concrete, 2300 Athletic Eq., 2400 Uniforms, 2500 Mus. Inst.,

Number of Items: _____

2600 Licensed Veh., 2650 Sch. Bus, 2850 Groundskeeping Equip., 2900 Land Improvements., 3000 Const., B Bldgs.

Location Number: _____

Building # _____ **Room#** _____

Insurable Value: _____

Organizational Unit: _____

Local Asset Class: 0100 Land & Improvements; 0200 Bldgs & Bldg Improv.; 0300 Furn. & Fixtures, Eq.; 0400 Vehicles; 0500 Infrastructure; 0600 Bks; 0800 Const. in Progress

0100 Land 0 Impro. 20 0200 Bldgs 50 Impro. 20 0300 Computer Eq. 5 Science/Eng. Eq. Bus. Mach., Commun Eq. A/V 10 Outdoor Eq. Mach/Tools, Cust Eq. Grds/Maint, Kitchen Eq/Appli. 15 0400 Licensed Vehicle 8

Function: _____

Fund: _____

Insurance Classification Codes: **B**-Buildings, **C**-Contents; **E**-Excluded; **IM**-Inland Marine; **P**-Property in Open; **V**-Vehicles