

REQUIRED FOR CAPITAL EQUIPMENT

Asset Form

This purchase is being made against an account designated for capital equipment. In order to track these assets, the following information is required.

* *Required Field*

1. Has the asset been received in full? *		
or if NOT, enter expected date of receipt. Date:		
2. Is the order part of a larger component? * (Yes/No)		
If yes, what is the existing PO or CU ID asset tag number that this purchase will be affixed to:		
3. If the purchase utilizes the 68100 natural account, please provide the Fabrication Project Code (FPC).		
4. Is this capital equipment purchase for use in a service center? * (Yes/No)		
5. Asset		
Manufacturer Number:		
Model Number:		
6. Where is the asset located?		
Street *:		
Building Name *:		
Floor:		
Room:		
City *:		
State *:		
Zip Code:		
7. Can the asset be physically tagged? * (Yes/No)		
8. Contact Person		
First Name:		
Last Name *:		
9. Contact E-Mail *		
10. Contact Phone *		