

Attachment B

FIXED ASSET PROCESSING FORM

TODAY'S DATE _____

PREPARER'S NAME _____

PHONE NUMBER _____

Upon **DELIVERY** of the fixed asset, please complete this form. Attach a copy of the Payment Voucher and Invoice. Send to Christina (Tina) Romero in Financial Mgt., Waller Creek 5th Flr.

Date of Purchase (Please use Invoice Date/In Service Date): MO/YR _____

TAG # _____

SERIAL NUMBER _____

DESCRIPTION OF ITEM _____

MANUFACTURER _____

MODEL # _____

CHECK ONE:

CT PO DO # _____

VENDOR _____

PRM VOUCHER # _____

COST OF ASSET _____

FUND/DEPT/UNIT/OBJT _____

OWNER UNIT: _____

WHAT IS ITEM USED FOR _____

PHYSICAL LOCATION OF ASSET _____

IS THIS PURCHASE A PART/REPAIR FOR AN EXISTING TAGGED ITEM? IF SO, PLEASE GIVE EXISTING TAG #

OTHER COMMENTS _____

CUSTODIAN NAME _____

SUPERVISOR'S NAME _____

(OFFICE USE ONLY)

CUSTODIAN # _____

SUPERVISOR # _____

FA #: _____

FA COMPX/BILD: _____

FA LOCATION: _____

ACQ METHOD _____

CLASSIFICATION CODE (RETIREMENT UNIT) _____

ACTIVITY # _____
(OLD REPT CATG)

REPT CATG _____
(CIP ONLY)

CATALOG CODE _____