

**FIXED ASSETS MANAGEMENT SYSTEM  
FIXED ASSETS ADDITIONS/ACQUISITIONS FORM**

**ACQUISITION**

Bar Code No: \_\_\_\_\_ Quantity: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Item Name & Legal Description: \_\_\_\_\_  
(include address if property)

Cost:\$ \_\_\_\_\_ Cost Type: Actual Estimate Acquisition Date: \_\_\_\_\_

PO Number: \_\_\_\_\_ Invoice No: \_\_\_\_\_ Check #: \_\_\_\_\_

PO Date: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ Check date: \_\_\_\_\_

Vendor: \_\_\_\_\_

**INSURANCE / DEPRECIATION (for Capitalized items only)**

Replacement Cost: \$ \_\_\_\_\_ Useful life / depreciation years: \_\_\_\_\_

Accounting code: \_\_\_\_\_ Accumulated Depreciation each year: \$ \_\_\_\_\_

**FUNDING**

Purchasing Fund: General Fund PPEL School Nutrition Other: \_\_\_\_\_

Gift: Yes No

**LOCATION**

Building ID: \_\_\_\_\_ Building Name: \_\_\_\_\_

Department /Room: \_\_\_\_\_ Controlling Person: \_\_\_\_\_

**MAINTENANCE**

Warranty Expiration Date: \_\_\_\_\_ Service Contract No: \_\_\_\_\_

Service Information: \_\_\_\_\_

Completed by: \_\_\_\_\_

Initials

Date

Authorization: \_\_\_\_\_

Entered into the Fixed Assets Management System Record by: \_\_\_\_\_

Initials

Date

The upper portion of this form is to be completed by purchasing, accounts payable, fixed assets manager, or other in accordance with the Fixed Assets Management System Administrative Regulations. The lower portion of this form is to be completed by the fixed assets manager.