

## Fixed Asset-Acquisition Form

**Acquisition:**

Date of acquisition: \_\_\_\_\_ Purchase Order # \_\_\_\_\_ Asset #: \_\_\_\_\_

Value (including shipping and installation if applicable) \$ \_\_\_\_\_

Vendor Name or Contributing Department: \_\_\_\_\_

If donated, name and address of whom donated item  
\_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_

Mfg: \_\_\_\_\_ Model \_\_\_\_\_ Serial #: \_\_\_\_\_

Property #: \_\_\_\_\_ Room #: \_\_\_\_\_ Department \_\_\_\_\_

**Signature (employee receiving the fixed asset)** \_\_\_\_\_

**Signature (supervisor or department head whose department received the fixed asset)** \_\_\_\_\_

**This form *must* be submitted to the Auditor's office even if you received an item from another department.**

**THIS COMPLETED FORM MUST BE TURNED IN TO THE AUDITOR'S OFFICE IMMEDIATELY AT TIME OF ACQUISITION OR DISPOSAL.**