OPSU FIXED ASSET ADDITION REQUEST

CUSTODIAN NAME	CUSTODIAN NO	DEPARTMENT CODE	DATE (MM/DD/YYYY)

PREPARED BY	CAMPUS	SL ACCOUNT	SUB-CODE	ADDRESS/EXTENSION

ADDITION SECTION

AC CODES: **A1 - PURCHASE** **A3 - GIFT** **A4 - CVI** **A8 - FEDERAL SURPLUS**

ASSET NUMBERS

ASSET NUMBERS *	QTY	DATE ACQUIRED	AC	ITEM DESCRIPTION, SERIAL NO, MFG/MODEL	COST EACH	BLDG	ROOM	SOURCE CODE	OWNER CODE
* TO BE ASSIGNED BY ASSET MGMT				TOTAL VALUE OF ADDITIONS	0.00				

!!SUBMIT INVOICES OR RECEIPTS TO SUPPORT ALL ITEMS LISTED ON THIS FORM!!!!

COMMENT:

RECEIVING DEPARTMENT CERTIFICATION

"I assume inventory accountability for the above described equipment."

SIGNED: _____

DEPARTMENT HEAD DATE