

Capital Equipment Stevens Point Addition Request Form

Email:

SEND COMPLETED FORM TO:

Purchasing Department, Kathy Heck

purchasing@uwsp.edu or inner campus mail to: Main 041

Phone: 715-346-4543

REQUESTING DEPARTMENT NAME:

Department Contact (Asset Manager):

Please complete additional form if more than 2 items are being added.

Ext:

ITEM #1							
PO #		Descriptio	n		Serial N	Number	Model Number
Acquisit	ion Date	Date 1st put int	o Service	V	endor Name	Manufacture	Amount of Item
Building Na	ame/#	Room Number	Funding S	ource (De	ept ID and \$ if split)	Funding Source	(Dept ID and \$ if split)

ITEM #2							
PO #		Descriptio	n		Serial N	Number	Model Number
Acquisit	ion Date	Date 1st put int	o Service	V	endor Name	Manufacture	Amount of Item
Building Na	ame/#	Room Number	Funding S	ource (De	ept ID and \$ if split)	Funding Source	(Dept ID and \$ if split)

REQUIRES TWO ORIGINAL SIGNATURES:		
Asset Manager Signature	Date	Extension
Department Chair, Dean, Director, or Administrator Signature	Date	Extension

INTERNAL USE ONLY ASSET INFORMATION Item #1 Item #2 Asset Tag Number: Commodity Code: Useful Life:

REVI	EWED/APPROVE	D
Received:		
Added to Database:		
Date Asset Tagged:		

Revised form 5/30/2018