



SEND COMPLETED FORM TO:
 Purchasing Department, Capital Asset Mgr
purchasing@uwsp.edu or inner campus mail to: Main 041
 Phone: 715-346-2721

REQUESTING DEPARTMENT NAME: _____

Department Contact (Asset Manager): _____ Ext: _____ Email: _____

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

ITEM #1				
PO #	Description		Serial Number	Model Number
Acquisition Date	Date 1st put into Service	Vendor Name	Manufacture	Amount of Item
Building Name/#	Room Number	Funding Source (Dept ID and \$ if split)		

ITEM #2				
PO #	Description		Serial Number	Model Number
Acquisition Date	Date 1st put into Service	Vendor Name	Manufacture	Amount of Item
Building Name/#	Room Number	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:		

EXECUTION
Signed by: _____
Sign Date: _____
Notes: _____

REVIEWED/APPROVED	
Received:	
Added to Database:	
Date Asset Tagged:	