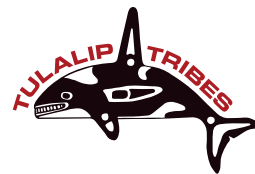


Asset Form



Date	Form completed by
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Action (select one):

<input type="checkbox"/> Addition of asset (see additional section below)	<input type="checkbox"/> Transfer of asset
<input type="checkbox"/> Disposal of asset	<input type="checkbox"/> Sale of asset

Asset ID number	Building location from
Description	Building location to
Accessories	Department
	Custodian name

ASSET ADDITIONS ONLY

Manufacturer	Model
Date of purchase	Purchase price
Serial number	Lease number

GL Number(s)

SIGNATURES

Department Representative signature	Signature date
Procurement Inventory Specialist signature	Signature date