

1. Which budget unit will be the custodian for this asset? BU #: _____
 Dept. Name: _____ Ext: _____
 Dept. Contact: _____
 Office Address: _____

2. Where will the asset be located?
 Building: _____ Room: _____

3. Is this asset a component of or related to an existing asset or replacement of a part for an existing asset?

Yes No

If yes, what is the existing asset's tag number? _____

Does the new asset extend the life of the related asset? Yes No

If yes, approximately how many years will be added to the life of the related asset? _____

4. Are additional components of this asset being ordered on separate purchase requisitions? Yes No

If yes: Purchase Requisition #: _____
 Additional Component Description: _____

5. Mark the category below that best describes this asset:

- | | |
|---|--|
| <input type="checkbox"/> Agricultural, Electrical & Mechanical Equip. | <input type="checkbox"/> Office Machinery & Equipment |
| <input type="checkbox"/> Automobiles & ATV's | <input type="checkbox"/> Printing & Publishing Equipment |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Radio, Audio & Visual Equipment |
| <input type="checkbox"/> Computer Hardware/Peripheral Equip | <input type="checkbox"/> Recreation & Athletic Equipment |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Research/Experimentation Asset |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Telephone Equipment |
| <input type="checkbox"/> Fire Arms & Equipment | <input type="checkbox"/> Trailers & Trailer Containers |
| <input type="checkbox"/> Marine & Watercraft | <input type="checkbox"/> Truck, Heavy (13,000 lbs or more) |
| <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Truck, Light (<13,000 lbs) |
| <input type="checkbox"/> Office Furniture & Fixtures | <input type="checkbox"/> Other: _____ |

Please complete this form, save it and attach it to the Workday Requisition.