



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

ADD A CAPITAL ASSET FORM

Date: _____ School: _____

Teacher/Employee Name: _____

Building Name: _____ Room Number: _____

Brief Description of Asset: _____

Purchased from (Name of Company): _____

Date of Purchase: _____ Purchase Amount: _____

Brand/manufacturer: _____

Model Number: _____

Serial Number: _____

FOR OFFICE USE ONLY: PO#: _____ CLASS/GROUP: _____/_____
FUND/FUNCTION _____/_____

This is to verify that I have the new equipment listed above and assume responsibility for the asset.

Teacher/Employee Signature: _____ Date: _____

PLEASE FORWARD TO THE SUPERINTENDENT'S OFFICE TO OBTAIN A CAPITAL ASSET TAG NUMBER FOR THE NEW ITEM.

FOR OFFICE USE ONLY:
Tag Number: _____ Entered into Computer by: _____