

**SUNFLOWER CONSOLIDATED SCHOOL DISTRICT
FIXED ASSET ADDITION / RECEIVING REPORT
FY15**

F/A Fund 8000

Top portion is completed by the schools.

Asset Acquisition Date: _____

Asset Description: _____

Model Number: _____ Serial Number: _____

Acquisition Source (Vendor) _____

Unit Cost: _____ Number of Assets: _____

(If reporting multiple assets w/ the same cost)

Fixed Asset: Y/N asset cost below \$5,000 Capital Asset: Y/N asset cost over \$5,000

Location: _____ Room #: _____

Person receiving asset: _____

I acknowledge receipt of this item and accept full responsibility while the item is assigned to me. Any reassignment of equipment must be documented in written form.

Sign and date when received: _____

Asset Account Number: _____

P.O. Number _____ P.O. Date _____

Amount of PO: _____

Date: _____ Principal or Supervisor _____

To Be Completed by Fixed Asset Bookkeeper:

Date Received: _____ Asset Number: _____

Check Number: _____ Check Amount: _____

Claim Date: _____

Date Entered into the Asset Ledger: _____

Date Asset was Tagged: _____

Completed By: _____