SUNFLOWER CONSOLIDATED SCHOOL DISTRICT
FIXED ASSET ADDITION / RECEIVING REPORT
FY15

F/A Fund 8000

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: __________________________