



UNION COUNTY  
SCHOOL DISTRICT

*Building a More Perfect UNION*

**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: \_\_\_\_\_

Date: \_\_\_\_\_