



Business Services

CAPITAL ASSET: CREATION FORM

Date: _____ Department Inventory # (if applicable) _____

Description of Asset: _____

Make: _____ Model: _____ Year: _____ Color: _____

Serial Number: _____

Vendor Name: _____ Vendor Number: _____

Requisition Number: _____ Purchase Order Number: _____

Date Ordered: _____ Date Received: _____

Account Code: _____ - - - - -

Total Cost of Asset: _____

Location: _____

Department Responsible for Asset: _____

Please Note:

This form is to be submitted when asset is received in full by the department, location, or campus for which the asset was purchased. Submission can be made via email to Peng Liang at pliang@irvingisd.net.

BUSINESS OFFICE USE ONLY

Fiscal Year: _____

Effective Date: _____

Work File Number: _____

Asset Number: _____

Life Expectancy: _____ yrs

Date Entered: _____

By: _____

Risk Management Number: _____

Risk Management Notified: YES NO Date: _____

YES NO