

Fixed Assets Inventory

Questions about this form? Please call 701-231-7432

Tag #:	Description:					
Covial #1						
Building Name:					Room:	
			Empl ID:			
Reference #:				Dept #:		
			oplier Name:			
Trade-In Item #:			Trad	e Value:	_	
Acquisition Code						
Date Acquired:		Ca	pitalization Value:			
1 - Miscellane						
○5 - Surplus	○6	- Leased	7 - Other	8 - Government Furnished		
○ 2 - Used on Other Sponsored Program ○ 3 - Not Used on Sponsored Program Source of Funding:						
Account	Fund	Dept	Program	Project #	Amount	
Department Approval		Date	Accounting Office Approval		Date	
			_		g office. If this item was purchased cract Accounting for instructions.	
Date:						
Reason for Disposal: Please print this form.						
6 - Traded-In	7 - Other	Stolen		.t	Route this form to: Accounting Office Old Main 11 Phone (701) 231-7432	
Departmental Approval			Date		Fax (701) 231-6194	