

## **Fixed Assets Inventory**

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

Tag #:		De	Description:		
Serial #:					
Building Name:					Room:
Responsible Person:					
Reference #:			Dept #:		
Supplier #: Supp			er Name:		
Trade-In Item #:		Trade Value:			_
Acquisition Code					
Date Acquired: Capitalization Value:					
1 - Miscellane	eous 🔘 2	2 - Purchased 3 - Gift 4 - Constructed			
○5 - Surplus	<b>○</b> 6	○ 6 - Leased ○ 7 - Other ○ 8 - Government Furnished			
C 2 - Used on Other Sponsored Program C 3 - Not Used on Sponsored Program  Source of Funding:					
Account	Fund	Dept	Program	Project #	Amount
Department Approva	I	Date		Accounting Office Approval	Date
		-	_	-	g office. If this item was purchased ract Accounting for instructions.
Date:					
Reason for Disposal:  1 - Error 2 - Sold 3 - Stolen 4 - Scrapped 5 - Lost 6 - Traded-In 7 - Other 8 - Century 9 - Surplus					Please print this form.  Route this form to: Accounting Office Old Main 11 Phone (701) 231-7432
Departmental Approv	<i>ı</i> al		Date		Fax (701) 231-6194