

INDEPENDENT SCHOOL DISTRICT NO.1

NEW FIXED ASSET FORM

DATE _____

PREPARED AND TAGGED BY _____

COMPUTER TECH/ADMINISTRATORS SIGNATURE _____

**PLEASE COMPLETE MISSING INFORMATION AND RETURN A COPY TO THE BUSINESS
OFFICE WITHIN 10 DAYS OF RECEIVING EQUIPMENT**

ASSET # _____ SCHOOL _____

BUILDING # _____ ROOM _____

DESCRIPTION _____

SERIAL # _____ MODEL # _____

MANUFACTURER _____ ACQUISITION DATE _____

UNIT COST \$ _____ VENDOR _____

PO# _____ ACCOUNT # _____

***If not purchased with district money please indicate
whether donated or purchased with school funds, PTA, etc.***

OTHER FUNDING SOURCE _____

For Business Office Use Only

RECEIVED BY _____ DATE _____

ENTERED BY _____ DATE _____
