

CAPITAL ASSET CHECK-IN FORM

Controller's Office | Financial Reporting

Complete one form per item.Users must be aware of, and in compliance with, the *University Business Policies and Procedures* and *Signature Authority Policy*.**ASSET DESCRIPTION**


Manufacturer	Model #	Serial #
General Description		Tag #
		Purchase Order #
		In-Service Date

ASSET LOCATION

Campus		
<input type="checkbox"/> Stockton	<input type="checkbox"/> Sacramento	<input type="checkbox"/> San Francisco
Department		Location Code
Building	Floor	Room #

DEPARTMENT INFORMATION

Department	Division
Prepared By Name	Date

Equipment Manager Name	Ext.	Univ ID#
Equipment Manager Signature 	Date	

Send the original completed form to Financial Reporting, Stockton campus.

FINANCIAL REPORTING USE ONLY

Processed By	Origination Tag #	Date
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CAPITAL ASSET CHECK-IN FORM - INSTRUCTIONS

Controller's Office | Financial Reporting

Capital Asset Check-In Form must be completed by the department's designated equipment manager for each capital asset received. Capital assets are all property having a cost (inclusive of installation, tax, delivery and/or freight), or fair market value, of \geq \$5,000.

Asset Description:

Manufacturer: Enter the manufacturer's name in the space provided.

Model #: Enter the model number **if applicable**. If there is no model number, enter "N/A" in the space provided.

Serial #: Enter the serial number **if applicable**. If there is no serial number, enter "N/A" in the space provided.

General Description: Enter a general description of the item in the field. This is required for entry into Banner Finance.

Tag #: Enter the "Property of the University of the Pacific" tag number in the space provided. These tag numbers generally begin with an "A". If the asset cannot physically be tagged (i.e., software), enter "Banner Assign" in the tag number field.

Purchase Order #: Enter the purchase order number in the space provided. For items given to the University, please write "Donated" in this space.

In-Service Date: Enter the date that the capital asset was put into productive use (i.e., the date the equipment was functional). This date identifies when depreciation of the asset should begin.

Asset Location:

Campus: Place a check in the appropriate box for campus (Union City Clinic should check "San Francisco").

Department: Enter the name of the department responsible for the asset in the space provided.

Location Code: Enter the Banner location code (See FTVLOCN in Banner Finance for an on-line list of location codes) in the space provided. If a Banner Finance location does not exist, please complete the Building, Floor and Room Number where the equipment will be placed so that a location code may be created. Note: Location codes are created in Banner Finance by the Controller's Office.

Building: Enter the name of the building that the capital asset is located.

Floor: Enter the floor number of the building that the capital asset is located.

Room #: Enter the room number on the floor of the building that the capital asset is located.

Department Information:

Department: Enter the name of the department that is responsible for the capital asset.

Division: Enter the division that provides oversight to the department that is responsible for the capital asset.

Prepared By: The individual who prepared the form must type their name and indicate the date the form was completed. If the preparer is also the equipment manager, please also sign in "Equipment Manager" field.

Equipment Manager: The designated equipment manager must sign, indicate their University Identification Number, and date the form.

Form Submission:

Once the form is completed, printed and signed, forward the **original** form to the Financial Reporting Department, Stockton campus.

Questions? Please contact Financial Reporting, Stockton campus at 209.946.7704.