

AM – Add Asset to Inventory Form

Asset noted below must meet the Asset Management Policy definition of capitalized equipment. Submit form via email attachment to assetmanagement@osu.edu.

SECTION I – Requester Information

College/VP Area			
Unit Name		Unit #	
Contact Name			
Contact Phone		Contact Email	

SECTION II – Asset Information

Item Description						
Acquisition Date		Category/Profile				
Asset Condition					Asset Cost	
Location Code (room/building # - XXX-XXX)		Serial #		Model		
Manufacturer						
Custodian						
Payment Method:						
		Purchase Order	PO #		Voucher #	
		PCard	PR #		Last 4 Digits	
Org #		Fund		Program		
Project #			User Defined			
Comments						
(include tag # if applicable)						

SECTION III – Authorization

Equipment Coordinator (optional)

Signature	X	Date
Dean, VP, Senior Fiscal Officer, or Designee (required)		
Signature	X	Date

SECTION IV – Asset Management Internal Use

Asset ID	
Comments:	