

Missouri Western State University Fabricated Asset Form

**Please Contact the Capital Asset Accountant prior to completing this form.
X5917 or email:cooper@missouriwestern.edu**

Section I: Department Fabricating Asset (To be completed by Department fabricating the asset)
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Department Name:	Department Index:		
Prepared By:	Email:	Ext:	
Department Chair/Director Signature:	Date:		

Description of Fabricated Asset: _____

Fabricated Asset Location - Building Name: _____ **Room#:** _____ **Suite Letter:** _____

Serial Number of the main component: _____

Section II: Fabricated Asset Information (To be completed by Department fabricating the asset)

Fabricated Asset Parts Description of each part ordered (one line per purchase)	Purchase Order # &/or Pcard Information	Purchase Date	Total Cost	Copy of Receipt/ Invoice Attached

MWSU Tag #'s of Previously Inventoried Equip. to be included in Fabrication:

Forward the original Fabricated Asset form with required copy of invoices &/or receipts to the Capital Asset Accountant in Popplewell 220.

Please make a copy for departmental files.

Accounting Services Use			
Initials & Date Received: _____	Initials & Updated date in Banner: _____	Initials & Updated date in WT: _____	Initials Date scanned/attached in WT: _____