



FIXED ASSET ACQUISITION FORM

REQUISITION #		REQUEST DATE	
ACCOUNT #			
Department/Division Name			
Requestor Name		Phone Number	
Signature of Division Manager/Other			
Signature of Department Director			

EQUIPMENT DESCRIPTION SPECIFICATION

JUSTIFICATION OF NEED

COMMENTS

Acquisition Cost (\$)			
Check One	<input type="checkbox"/> New	<input type="checkbox"/> Replacement*	<input type="checkbox"/> Used
*Proposed Disposition			
*City Inventory Number			
Replacement Vehicles			
*Mileage		*Year/Model	

*If this is a replacement asset, please fill out all other fields with an asterisk.