

**ADDITIONAL ITEM FORM (AM0002)**

NAME OF REQUESTOR: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

ITEM DESCRIPTION: \_\_\_\_\_

ACQUISITION DATE: \_\_\_\_\_

ASSET CONDITION: \_\_\_\_\_

CATEGORY/PROFILE: \_\_\_\_\_

ASSET COST: \_\_\_\_\_

VOUCHER NUMBER: \_\_\_\_\_

SPONSOR AWARD NUMBER: \_\_\_\_\_

P.O. NUMBER: \_\_\_\_\_

ORGANIZATION/DEPT NUMBER: \_\_\_\_\_

FUND NUMBER: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

PROGRAM NUMBER: \_\_\_\_\_

USER DEFINED: \_\_\_\_\_

LOCATION CODE (BLDG #-ROOM# e.g. XXX-XXX): \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

CUSTODIAN/PI: \_\_\_\_\_

VENDOR: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Custodian/Principle Investigator

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Printed Name of Equipment Coordinator

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Printed Name of Relevant Dean/Vice President or Designee

\_\_\_\_\_  
Signature/Date (**required**)

**Send Completed Form To:**

University:  
Asset Management  
2070 Blankenship Hall  
901 Woody Hayes Drive  
Fax: 292-1121  
Phone: 292-6048

OSP:  
Asset Management  
400 Research Foundation  
1960 Kenny Road  
Fax: 292-6870  
Phone: 292-0844

## INSTRUCTIONS FOR ADDITIONAL ITEM FORM

This form is used to add item(s) to your inventory that meet the definition of capitalized equipment, but are not currently listed on your Physical Inventory Report. The definition of a capitalized asset would be any item that costs at least \$5000, has a useful life of at least one year, and is not a permanent part of a building or structure.

### **DEFINITIONS:**

**Description-** A complete description of the item including type, manufacturer if known, color, and dimension.

**Asset Condition-** This code indicates the condition of the piece of equipment as follows:

<b>A1</b>	New/Unused-Excellent Condition.
<b>A4</b>	Used Property/Good Condition.
<b>A5</b>	Used Property/Fair Condition.
<b>A6</b>	Used Property/Poor Condition.
<b>F7</b>	Minor Repairs Required/Good Condition
<b>F8</b>	Considerable Repairs Required/Fair Condition
<b>F9</b>	Major Repairs Required/Poor Condition
<b>S</b>	Scrap/Beyond Repair.
<b>X</b>	Salvage/Beyond Economic Repair.

**Location:** Building and room number where the equipment is located.

**Serial Number:** A number specific to that specific item. Can be any length and combination of numbers and letters. Usually located on the back of the equipment or under a panel.

**Model:** The specific model of the item. This can be either a number or a name and is usually located on the item near the serial number.

**Cost:** The amount paid for the item including freight and installation.

**Voucher:** The number assigned by Accounts Payable to initiate payment, which is put on the invoice during processing.

**Acquisition Date:** The date the asset invoice was paid by Accounts Payable and receipted by your department. If donated, this information is on the gift information form.

**P.O. Number:** The number of the Purchase Order or eRequest used to obtain the equipment.

**Vendor:** The name of the company who sold you the equipment. In the case of a gift list Donor here.