



CAPITAL ASSETS FORM
Acquisition, Betterment & Leases
OFFICE OF THE AUDITOR-CONTROLLER

Complete and return to the Auditor-Controller's Office, Mail Stop #1050.

**SPM FORM
AM - 5**

"*" Indicates optional field **ASSET ID:**

DEPARTMENT		BUSINESS UNIT		
FUND	DEPT ID	PROGRAM *	CLASS *	PROJ/GRANT *
CATEGORY	ACCOUNT	COST	Notes	
BOOK	FINANCING CODE	LOCATION	County Tag Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACQUISITION DATE		IN SERVICE DATE		
VENDOR CODE:		VENDOR NAME		
MANUFACTURER	SERIAL NUMBER		MODEL	
ASSET DESCRIPTION:				
DEPRECIATION METHOD		USEFUL LIFE (in months)	SALVAGE AMOUNT	
PURCHASE AUTHORIZATION			VOUCHER	

For Betterments Only:

BETTERMENT DESCRIPTION	
TOTAL BETTERMNT VALUE	

For Financed Purchases Only:

LEASE ID#		LIABILITY AMOUNT (PRIN)	
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ATTACH THE FOLLOWING AND CHECK THE BOX FOR EACH ATTACHMENT PROVIDED:

P.O. s Property schedules Amortization schedules Financing agreements

Prepared by: _____ Phone: _____

Date: _____ Dept: _____

Distribution: Department and Capital Asset Section of the ACO

ACO Capital Asset Reviewed by: _____ Date: _____