



CAPITAL ASSET LISTING CORRECTIONS

OFFICE OF THE AUDITOR-CONTROLLER

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

SPM FORM

AM - 4

(POLICY # 512)

BUSINESS UNIT	FUND NO.	DEPT ID	AGENCY/DEPARTMENT NAME

Asset ID	Description	Requested Change	Transaction Date

Prepared By _____ Date _____ Phone _____ Mail Stop # _____

Auditor-Controller's Use

System Updated By:	Initials	Date