



CAPITAL ASSETS FORM

GASB 87 Leases / GASB 96 SBITAs

OFFICE OF THE AUDITOR-CONTROLLER

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

SPM FORM
AM-9

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

DEPARTMENT		BUSINESS UNIT		
FUND	DEPT ID	PROGRAM *	CLASS *	PROJ/GRANT *
CATEGORY	ACCOUNT	Present Value of Minimum Lease or Subscription Payments		
BOOK	FINANCING CODE	LOCATION	Notes	
ACQUISITION DATE		IN SERVICE DATE		
VENDOR CODE:		VENDOR NAME		
MANUFACTURER	SERIAL NUMBER		MODEL	
ASSET DESCRIPTION:				
DEPRECIATION METHOD	USEFUL LIFE (in months)			
PURCHASE AUTHORIZATION		VOUCHER		

GASB 87 Lease/GASB 96 SBITA Information:

LEASE/Subscription ID#

ATTACH THE FOLLOWING AND CHECK THE BOX FOR EACH ATTACHMENT PROVIDED:

P.O.s Form 11
 Lease/SBITA Contract
 Payment Schedule
 Lease/SBITA Evaluation Tool
 Present Value Calculator

Prepared by: _____ Phone: _____

Date: _____ Dept: _____

Auditor-Controller's Use

ACO Reporting Approval:	Initials	Date	ACO Capital Asset Approval:	Initials	Date