



# CONTACT FOR CAPITAL ASSETS

OFFICE OF THE AUDITOR-CONTROLLER

Complete and return to the Asset Management Desk of the General Accounting  
Division, Mail Stop #1050.

SPM FORM  
**AM-3**  
(POLICY #515)

BUSINESS UNIT	FUND NO.	DEPT ID	AGENCY/DEPARTMENT NAME

### Contact for Capital Asset Inventory *(Person responsible for monitoring the department's capital asset inventory)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Effective Date

Signature

\_\_\_\_\_  
Phone

### Contact for Capital Assets Form *(Acquisitions, Betterments, and Adjustments)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mail Stop No.

\_\_\_\_\_  
Effective Date

Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date