

School Administrative Unit No. 9
176A Main Street
North Conway, NH 03818
FIXED ASSET ADD FORM

Date: _____ **Fiscal Year of Purchase** _____

School District: _____ Building _____

TO BE COMPLETED BY SCHOOL

Requisition Number _____ Asset Description _____

**** Quantity _____ ** Number of Asset Tags Needed _____
(If multiple tags required, complete reverse side)**

Acquired Value **(per item)** _____

Vendor _____

Model # _____

Budget Account # _____

Completed by: _____ Date: _____

Donated: Yes ___ No ___ Donated by _____

TO BE COMPLETED BY SCHOOL AFTER RECEIPT OF FIXED ASSET TAG

Serial # _____
(If multiple, see reverse side)

Room/Area _____ Floor _____

Completed by: _____ Date: _____

TO BE COMPLETED BY SAU OFFICE

Purchase Order Number _____

Asset # _____ Federal Asset Tag # _____ (if required)

Federal Project/Grant #/Name _____

Completed by: _____ Date: _____

