

Capital Equipment Unit Representative Registration Form



Overview:

Capital Equipment Representatives act as a liaison between Financial Operations and their department(s) for capital equipment. This registration form establishes and authorizes University personnel as Capital Equipment Representatives. A Director or Senior Administrator's approval is required to register.

Please list the department ID's that you are electing to be the Capital Equipment Representative for:

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Representative Information

(Please Print)

First Name:	
Last Name:	
Department:	
Department ID:	
Phone:	
Email:	
Campus:	

For the department ID's I have listed above, I hereby agree to:

1. Serve as a starting point for Financial Operations asset inquiries.
2. Support Financial Operations by publicizing, monitoring and enforcing capital equipment policies and procedures at the department level.
3. Be responsible for assisting Financial Operations with tagging new capital equipment in a manner that works best for my department(s).
4. At least biannually, determine and execute a method of capital equipment inventory verification that works best for my department(s), provide required updates to Financial Operations and certify that they I have done so with my signature.
5. Be responsible for facilitating the physical observation of capital equipment inventory by a Financial Operations representative when required.

Signature

Date

Approval

Must be Director or Senior Administrator

Name (Print):	
Signature:	
Date:	