

Missouri Western State University
Fabricated Asset Form

Please Contact the Capital Asset Accountant prior to completing this
form. X4576 or email:cmiller37@missouriwestern.edu

Section I: Department Fabricating Asset (To be completed by Department fabricating the asset)			
Department Name:		Department Index:	
Prepared By:	Email:	Ext:	
Department Chair/Director Signature:		Date:	

Description of Fabricated Asset:_____

Fabricated Asset Location - Building Name:_____ **Room#:**_____ **Suite Letter:**_____

Serial Number of the main component:_____

Section II: Fabricated Asset Information (To be completed by Department fabricating the asset)				
Fabricated Asset Parts Description of each part ordered (one line per purchase)	Purchase Order # &/or Pcard Information	Purchase Date	Total Cost	Copy of Receipt/ Invoice Attached

MWSU Tag #'s of Previously Inventoried Equip. to be included in Fabrication:

***Forward the original Fabricated Asset form with required copy of invoices &/or
receipts to the Capital Asset Accountant in Popplewell 220.***

Please make a copy for departmental files.

Accounting Services Use			
Initials & Date Received: _____	Initials & Updated date in Banner: _____	Initials & Updated date in WT: _____	Initials Date scanned/attached in WT: _____