

CAPITAL LEASE FORM

DATE: _____

LEASED FROM: _____

CHARTFIELD COMBINATION TO BE CHARGED:

TAG # (ASSET #): _____

DESCRIPTION: _____

CAMPUS: _____ LOCATION _____

MANUFACTURER: _____

MODEL: _____
SERIAL #: _____

LEASE TERM:

Start Date _____ End Date _____

OTHER INFORMATION: _____

**Send this form and a copy of Lease agreement and supporting documents to the
System Accounting Department.**