Please list the department IDs (or series, if applicable) that you are electing to be the Capital Equipment Representative:		
Representative Information		
(Please Print)		
First Name:		
Last Name:		
Cabasillista		
School/Unit:		
Email:		
For the department IDs listed above, I hereby	agree to:	
1. Serve as a starting point for Financial Operation	 	
2. Support the University by publicizing, monito	ring, and enforcing <u>capital equipment policies</u> and	
procedures at the department level.		
	ons with tagging new capital equipment in a manner	
that works best for the school/unit.		
* · · · · · · · · · · · · · · · · · · ·	entory verification for the school/unit and submit Asset	
Requests for disposals and transfers as identified 5. Facilitate the physical observation of capital 6		
representative, or for external or internal audit		
representative, or for external or internal addit	requests.	
Signature	Date	
Approval		