

Equipment Capital Asset Information Sheet (Total Price equal or over 5,000 dollars)

Agency Name: _____ Date Sheet Completed: _____

Agency Address: _____

Agency Telephone Number: _____ Contact Person: _____

Serial Number: _____ Manufacturer: _____

Description of Equipment: _____ Usage of the Equipment: _____

Location of Equipment: _____ Condition of Equipment: _____

Useful Life Benchmark (TAM): _____ --Agency Assigned Number: _____ **(Required if no Serial Number)**

Purchase Date: _____ Active Service Date: _____ Serial # Verified on Equipment: Yes No N/A

Depreciation Method: _____ Number of Years for Useful Life: _____

Complete One: Monthly Depreciation Amount: _____ or Yearly Depreciation Amount: _____

Does the equipment have a warranty? Yes No **Note: If Yes, submit a copy of the warranty paperwork.**

Budget Details 1: FTA Funding Source: _____ Total Purchase Price: _____

Federal TEAM Number: _____ F & A Contract Number: _____

Project Number: _____ Check Number of Vendor Payment: _____

Federal Share %: _____ Amount Paid: _____

State Share %: _____ Amount Paid: _____

Local Share %: _____ Amount Paid: _____

Note: Both the Percentage and Money Amount must be listed.

Budget Details 2: Complete if Equipment is paid with 2 grants. Additional Funding Source: _____

Federal TEAM Number: _____ F & A Contract Number: _____

Project Number: _____ Check Number of Vendor Payment: _____

Federal Share %: _____ Amount Paid: _____

State Share %: _____ Amount Paid: _____

Local Share %: _____ Amount Paid: _____

Note: Both the Percentage and Money Amount must be listed.

Required Documentation for New Equipment:

1) Copy of the Receipt or Bill of Sale for the equipment and 2) Warranty if applicable.

Mail to: TDOT/Multimodal Division, James K Polk Bldg., 505 Deaderick St Ste 1800, Nashville Tn 37243 ATTN: Asset Manager.