



STATE OF ARKANSAS  
**Department of Finance and Administration**  
 Office of Accounting  
**Create Asset Master Record Request Form**

<b>Name:</b>	<b>Agency Title:</b>	<b>Date:</b>
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<b>Asset Class:</b>	<b>BA:</b>	<b>Asset Number Assigned:</b>
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<b>Acquisition Date:</b>
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If prior year date, check post capitalization box on first screen of AS01

**GENERAL TAB**

<b>Asset Description:</b>		
<b>Amount:</b>	<b>Serial #:</b>	<b>Inventory #:</b>
<b>Unit of Measure:</b>		<b>Acquisition Date:</b>

**TIME DEPENDENT TAB**

<b>Cost Center:</b>	<b>Fund:</b>	<b>Functional Area:</b>
<b>Fund Center:</b>	<b>WBS Element:</b>	<b>I/O:</b>
<b>Room:</b>	<b>License #:</b>	<b>Personnel #:</b>

**ALLOCATIONS TAB**

<b>Class Code:</b>
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**ORIGINS TAB**

<b>Vendor:</b>		
<b>Vendor #:</b>	<b>Purchased:</b>	<b>New                      Used</b>

**DEPRECIATION AREAS TAB**

<b>Useful Life:</b>
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Enter years from class code

FOR DFA USE ONLY

<b>Completed By:</b>	<b>Date:</b>
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**Remit form to:**  
**Office of Accounting**, 1509 w 7th, Suite 200, Little Rock, AR 72201  
 Email: SB-ACCOUNTING@dfa.arkansas.gov  
 Telephone: (501) 682-1675 | Fax: (501) 683-0823