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:	
School/Unit:	
Email:	

For the department IDs listed above, I hereby agree to:

1. Serve as a starting point for Financial Operations capital equipment inquiries.

2. Support the University by publicizing, monitoring, and enforcing <u>capital equipment policies</u> and procedures at the department level.

3. Be responsible for assisting Financial OperationsFacthttateging physicapidbsequatione of impitatequeipment inventory by a Financi representative, or for external or internal audit requests.

Signature

Date

<u>Approval</u> Must be Director or Senior Administrator.

Name (Print):