



Form 4209 FR.03

Request for Capitalization of MEI Composite Assets and Accessories

Revised 3/27/2024

Instructions:

- To request capitalization for purchases under the University capitalization threshold, complete all fields below.
- The combined cost of the composite assets must be equal to or greater than the capitalization threshold to be considered for capitalization.
- Accessory charges under the capitalization threshold must indicate the associated MEI tag number below to be considered for capitalization.
- All referenced invoices must be attached.

Definitions:

- **Moveable Equipment** – Tangible, non-expendable, University property (i.e., property other than real property) that has an estimated useful life of greater than one year and a per-unit acquisition cost equal to or greater than the University's capitalization threshold.
- **Composite Asset** – A type of moveable equipment composed of individual pieces of minor equipment that, when combined, form one asset and have a total purchase price equal to or greater than the University's capitalization threshold. To be a composite asset, all composite pieces must be needed to make the asset functional for its intended purpose.
- **Accessories** – Minor (valued less than the capitalization threshold) equipment items that are purchased as attachments or add-ons for a moveable equipment item and are necessary for the moveable equipment to be placed in service.

This request is for:

Composite Asset ☐MEI Accessory ☐Reclass spend category only ☐

Line #	Invoice # (must be attached)	Charging Instructions	P.O. #	Department	Unit	Cost
1		Yale Designated				
		Grant				
		Gift				
		Cost Center				
		Project				
		Spend/Revenue Category				
2		Yale Designated				
		Grant				
		Gift				
		Cost Center				
		Project				
		Spend/Revenue Category				
3		Yale Designated				
		Grant				
		Gift				
		Cost Center				
		Project				
		Spend/Revenue Category				

Line #	Invoice Date	Description	Issued To	Location	Requestor Name	MEI Asset Identifier / Tag #
1						
2						
3						

Proposed By:

Department Administrator: _____

Date: _____

Approved By:Manager, Moveable
Equipment Inventory: _____

Date: _____

Please forward the completed form and/or questions to the Capital Asset Accounting team at mei.admin@yale.edu and keep the original for your records.