



Instructions:

- Please fill out all the fields below to request capitalization for purchases under the University capitalization threshold of \$5,000.
- To be considered for capitalization, composite assets combined costs must total \$5,000 or greater.
- To be considered for capitalization, any accessory charges under \$5,000 must indicate the associated MEI tag number below.
- All referenced invoices must be attached.

Definitions:

- **MEI Capitalized Asset** – A piece of equipment with a unit cost of \$5,000 or greater, which is not fixed to a building or expendable, and has a useful life greater than one year.
- **Composite Asset** – A capitalized asset created at initial purchase comprised of multiple charges under the capitalization threshold of \$5,000.
- **MEI Accessory** – An additional add-on or attachment to an existing MEI capitalized asset which is not expendable and is needed for the operation of the asset.

This request is for: Composite Asset MEI Accessory

| 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 | Requester Name | MEI Asset Identifier / Tag # |
|--------|--------------|-------------|-----------|----------|----------------|------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Proposed By:

Department Administrator: _____ Date: _____

Approved By:

Manager, Moveable Equipment Inventory: _____ Date: _____