Please list the dep	artment IDs (or series, if applicable) that you are electing to be the Capital Equipment Representative:	
Representativ (Please Print)	re Information	
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 capital equipment policies and procedures at the department level.  3. Be responsible for assisting Financial Operations Factifittal gring physical bib sequations or internal audit requests.		
Signature  Approval	Date	
Name (Print):	tor or Senior Administrator.	