

CAPITAL ASSETS ACCOUNTING
ROOM INVENTORY DATA COLLECTION FORM

Capital Assets Accounting use only

Institution No: _____ Campus No.: _____ Building No.: _____

Building Name: _____

Room Number: _____ Room Use Code: _____

Department Assigned to Room:
Department Name: _____ Dept. #: _____

Number of Stations: _____ Room Sq Ft: _____

Are Stations Fixed or Moveable

Is assigned department Self supporting or Funded

Functional Category:

(Note: Most rooms have more than one function. Please list below.) The codes can be found on our website at

http://www.uky.edu/ufs/sites/www.uky.edu.ufs/files/bpm/E-17-16.pdf

1. Functional Category Code: _____ Percentage of Use: _____

2. Functional Category Code: _____ Percentage of Use: _____

3. Functional Category Code: _____ Percentage of Use: _____

4. Functional Category Code: _____ Percentage of Use: _____

5. Functional Category Code: _____ Percentage of Use: _____

Please attach a copy of building plan/key drawing of building described above.

COMPLETED BY: _____ Date: _____