

## Service Center Equipment Depreciation Waiver

Service Center Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Affiliated Department: \_\_\_\_\_

Provide a complete list of equipment affiliated with this service center:

Asset Identifier	Asset Description	Date Acquired	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Approval Signatures:**

By signing below, I/we acknowledge and understand that those responsible for the above-referenced service center account have chosen not to charge depreciation expenses on the equipment listed on this form. There will be no monthly depreciation expenses charged to the service center account and credited to the related equipment reserve account. Should any of the equipment listed above fail or otherwise become unusable, there will be no funds set aside for replacement. In addition, this eliminates the service center's ability to include projected depreciation costs as a part of its rate calculations.

Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_