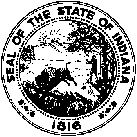
**STATE OF INDIANA** 

Completed form and supporting documentation to be submitted electronically to:

assets@auditor.in.gov

For questions contact State Comptroller

200 W. Washington St. Room 240

Indianapolis, IN 46204

317-233-1712 or 317-232-3312

**LEASE ACCOUNTING**

State Form 55951 (R3 / 7-23)

Approved by State Comptroller, 2021

Approved by State Board of Accounts, 2021

|  |  |
| --- | --- |
| **Agency Information** | |
| Business Unit | Name of Business Unit |

|  |
| --- |
| **Documents**  ***(Check for each attached.)*** |
| Executive Document Summary (EDS)  Purchase Order  Buy out page(s)  Payment amount/terms page(s)  Contract  Packing Slip |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Executive Document Summary (EDS) / Contract and Purchase Order (PO)** | | | | |
| EDS Number | | Date EDS Prepared *(month, day, year)* | | Requisition Number |
| Purchase Order Number | Supplier Identification Number | | Name of Supplier | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lease** | | | | | |
| Starting Date *(mm/dd/yyyy)* | | Lease End Date *(mm/dd/yyyy)* | | Maximum lease term, if all renewals exercised | |
| Likelihood of renewal  Unlikely  Likely | Monthly Payment Amount | | Interest Rate in contract *(if stated)* | | Serial Number |
| Description and Comments | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ENCOMPASS Chart Fields** | | | | |
| Fund | Program | | Department | Project |
| Location | | Custodian Identification Number | | Name of Custodian |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Unit Representative** | | | |
| E-mail Address | | Telephone Number  (     ) | |
| Printed Name of Preparer | Title | | Date Prepared *(mm/dd/yyyy)* |
| By checking this box I,      , of BU      am signing this Lease Accounting form electronically in conformity with the Uniform Electronic Transactions Act (See IC 26-2-8). I agree my electronic signature is the legal equivalent of my manual signature. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***State Comptroller Use Only*** | | | | | | |
| Profile Identification Number | Description | | | | | Serial Number |
| Transaction Date *(month, day, year)* | | Tag Number | Lease Term | | | Estimated Life |
| Interest Rate | | Fair Value *(if operating lease)* | | Minimum Rental Payment | | |
| Asset Identification Number | | Entered in ENCOMPASS By: | | | Date Entered *(month, day, year)* | |