**STATE OF INDIANA** 

Completed form and supporting documentation to be submitted electronically to:

assets@comptroller.in.gov

For questions contact the State Comptroller

200 W. Washington St. Room 240

Indianapolis, IN 46204

317-233-2341

**LEASE ACCOUNTING**

State Form 55951 (R4 / 9/24)

Approved by State Comptroller, 2024

Approved by State Board of Accounts, 2021

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

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

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| **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      |

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| **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 |

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

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| **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.  |

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| ***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)*           |