

**LONGWOOD UNIVERSITY**  
 Fixed Assets  
**Impairment of Capital Asset Form**

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

Inventory Custodian: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Impairment Information**

Item Description	Serial Number	Asset #

Please check one of the indicators below:

<input type="checkbox"/>	Physical Damage (the level of damage is such that restoration efforts are needed to restore the service utility)
<input type="checkbox"/>	Enactment or approval of laws or regulations or any other changes in environmental factors.
<input type="checkbox"/>	Technological Development or evidence of obsolescence.
<input type="checkbox"/>	A change in the manner or expected duration of the use of a capital asset.
<input type="checkbox"/>	Construction Stoppage

**Additional Information:**

---



---



---