EQUIPMENT PURCHASE & DEPRECIATION POLICY TEMPLATE

| Company Name: | Effective Date: | |
|---|--|--|
| | Prepared By: | |
| 1. PURPOSE | | |
| This policy defines how | | |
| This policy applies to all equipment, vehicles, tools purchased or used by the company. | s, machinery, and other long-term assets | |
| 3. CAPITALIZATION THRESHOLD | | |
| Policy: Any individual item with a purchase cost of a fixed asset. Items below this threshold will be exp | oensed immediately. | |
| Reasoning: | | |
| 4. ASSET CLASSIFICATION | | |
| Non-Current (Fixed) Assets | Current Assets | |
| Equipment (e.g., HVAC tools, machinery) Vehicles (trucks, vans, specialty vehicles) Property, plant, and long-term investments | Cash and cash equivalents Accounts receivable Inventory Prepaid expenses | |

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| 5. DEPRECIATION METHOD | | | | |
|--|--|--|--|--|
| Selected Method: Straight-Line Declining Balance Units-of-Production Other: | | | | |
| $ \begin{tabular}{ll} Depreciation will be recorded monthly $$ \square / annually $$ \square in accordance with the matching principle. \end{tabular}$ | | | | |
| 6. ASSET TAGGING AND RECORD-KEEPING | | | | |
| Each fixed asset will receive a unique ID/tag. Records will include: | | | | |
| ✓ Description ✓ Assigned department/employee ✓ Purchase date ✓ Maintenance schedule ✓ Cost ✓ Depreciation start date and accumulated depreciation | | | | |
| 7. MAINTENANCE & REPAIRS | | | | |
| Preventive maintenance schedules must be documented for all key equipment. Repairs that extend the useful life may be capitalized if above the capitalization threshold; routine repairs are expensed. Responsible person/department: (print name/department) | | | | |
| 8. DISPOSAL OF ASSETS | | | | |
| Assets may be sold, scrapped, or donated once they are no longer productive or economical to repair. Gain or loss on disposal will be recorded as: Gain/Loss = Sale Price - Net Book Value Any disposals must be approved by: (print name) | | | | |
| 9. REVIEW & COMPLIANCE | | | | |
| This policy shall be reviewed annually by the finance/accounting department. Any exceptions must be approved by: | | | | |

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| 10. APPROVAL SIG | NATURES | | |
|--------------------------|-------------|-------|--|
| Owner/CEO: | (signature) | Date: | |
| Controller/Accountant: _ | (signature) | Date: | |