FIXED ASSET FORM

INSTRUCTIONS

Form should be completed as follows:

- CHECK ONE Acquisition, Trade, or Disposition and place P.O. # on form, if applicable.
- DEPARTMENT name of the department receiving or disposing of the machinery or equipment.
- DATE OF ACQUISITION date the item was received or identified as salvage/surplus for disposal.
- LOCATION Current location of asset. If new equipment purchased will be located in the general
 office area of your department put office. If it is assigned to a particular employee or an area other
 than your office, please indicate such in this section of the form.
- AUTHORIZED BY/DATE the form should be signed and dated by the user and forwarded to the Auditor's Office.

ACQUISITION INFORMATION:

- VENDOR Company in which the item was purchased from.
- SERIAL NUMBER the identification or serial number of the equipment received.
- DESCRIPTION (MANUFACTURE, MODEL/MAKE) briefly describe the equipment purchased by manufacture, make or model number.

ACQUISITION COST:

- INVOICE PRICE the cost of the item
- INSTALLATION PRICE any additional cost
- LESS TRADE-IN any discount *
- NET COST the total cost of the item
 - *If the item was a Trade-In you must complete the following:
- ASSET NUMBER the number that was assigned if any
- SERIAL NUMBER the serial number of the item
- DESCRIPTION (MANUFACTURER, MAKE/MODEL) briefly describe the equipment being traded.

Attach Fixed Asset Form to Invoice.

TRINITY COUNTY

DISPOSITION INFORMATION:

If the item is being replaced by the new purchase or the item is being disposed of you would need to fill out the following section.

- ASSET NUMBER the number that was assigned if any
- SERIAL NUMBER the serial number of the item
- DESCRIPTION (MANUFACTURE, MAKE/MODEL) briefly describe the equipment being replaced or disposed of.
- STATUS OF ASSET Check one or more of the following options. Operational, At Repair, Damaged, Stolen, Pending Sale, Sold/Donated, Pending Transfer.
- SALE OR DONATED if the item is being sold or donated you would need to fill the section with the Name and Address of the Purchasers or Donee. If the item was sold put the sales price on the form, if the item was donated put an estimated value on the form.

TRANSFERRED

If the item is being transferred to another department it is the department that is transferring the equipment responsibility to fill out the form.

- ASSET NUMBER the number that was assigned f any SERIAL NUMBER the serial number of the item
- DESCRIPTION (MANUFACTURE, MAKE/MODEL) briefly describe the equipment being transferred
- TRANSFERRED FROM the department /individual and current location
- TRANSFERRED TO the department/individual and current location

TRINITY COUNTY

FIXED ASSET FORM

Acquisition	Disposition Transfer		ınsfer	P.O. #	
Department:					
	_				
Location:		Ass	set #:		
		_			
Acquisition Information	tion:				
Vendor:	<u> </u>	Inv	oice Price:		
Serial Number:		Ins	tallation Price:		
Description (Manufacturer,	Make/Model):	Les	ss: Trade-In: *		
		Ne	t Cost:		
* If Trade In the fe	llowing must be completed:	_			
Asset Number:	nowing must be completed.	Serial Nu	mber:		
Description (Manufacturer,	Make/Model):				
Disposition Information	tion:				
Asset Number:		Serial Nu	mber:		
Description (Manufacturer,	Make/Model):				
Status of Asset:					
Operational	At Repair	Dai	maged		Stolen
Pending Sale	Sold/Donated	Per	nding Transfer		
If Sale or Donated:	Name and Address of:				
	Purchaser/Donee:				
Sale Price:		Estimated Va	alue if Donated:		
If Transferred:	_				
Asset Number:		Serial Nu	mber:		
Description (Manufacturer,	Make/Model):				
Transfer From:	Department Name or Individual:				
	Current Location:				
Transfer To:	Department Name or Individual:				
	Transfer Location:				
Department Head or Author	orized Representative:				
Date:					