

FIXED ASSET INVENTORY CHANGE FORM

GEAUGA COUNTY

New Asset

Change Information

DEPARTMENT: <input type="text"/>	PREPARED BY: <input type="text"/>	DATE: <input type="text"/>
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A. DESCRIBE THE ASSET

DESCRIPTION OF ASSET: _____

SERIAL NO: _____

COUNTY INVENTORY # _____

(Issued by Auditor's Office)

YOUR INVENTORY # _____

FUND: _____

LOCATION OF ASSET: _____

B. FOR ACQUISITIONS (Also complete Section A)

TOTAL COST: \$ _____ DATE PLACED INTO SERVICE: _____

PURCHASE ORDER# _____

CONTRACT # _____

LEASE

REPLACING AN OLD ASSET? YES NO If yes, County Inventory # _____

INVENTORY CHANGE FORM (REMOVAL) SENT TO AUDITOR'S OFFICE _____
(date)

WAS AN OLD ASSET TRADED IN? YES NO TRADE IN ALLOWANCE: \$ _____

C. FOR DISPOSALS (Also complete Section A)

DATE OF DISPOSAL: _____ AMOUNT (IF ANY) RECEIVED: \$ _____

DISPOSAL METHOD: AUCTION SCRAPPED TRADE IN* OTHER _____

*IF TRADED IN, TRADED IN ON _____

D. FOR TRANSFERS (Also complete Section A)

DEPARTMENT WHO RECEIVED THE ASSET: _____

TRANSFER DATE: _____ FUND WHICH RECEIVED THE ASSET: _____

E. FOR DONATIONS (Also complete Section A)

WHO DONATED THE ASSET: _____ VALUE: \$ _____

DONATION DATE: _____ FUND WHICH RECEIVED THE ASSET: _____

FOR AUDITOR'S USE ONLY

DATE RECEIVED: _____ DATA ENTERED BY: _____ DATE: _____