PRINT FORM

Fixed Asset Activity Form

UNIT ASSIGNMENT

Department Name: _____

Subdivision/Activity: _____

Budget Account Number: _____

Asset ID: _____

Class Type: _____

Fixed Asset Code: _____

Unit Identification/Description (Fill in **all** blanks that are applicable)

V.I.N. or Serial Number (full #): _____ Year: _____

Make or Manufacturer: _____ Model: _____

Class Code (see bottom of page): _____ License Plate Number: _____

UNIT ACQUISITION

Date of Acquisition: _____ Number of Units:

Type of Acquisition:

- ☐ Purchase
- ☐ Transfer
- ☐ Gift/Donation
- ☐ Constructed
- ☐ Other (Explain): _____

Full Purchase Cost: _____

*Discount or Savings: _____

Amount Paid: _____

Acquired From (if transferred): _____

Purchase Order #: _____

Location of Asset (Address & Building Name): _____

Unit Disposal

Date of Disposal: _____ Number of Units:

Type of Disposal:

- ☐ Sold
- ☐ Scrapped
- ☐ Destroyed
- ☐ Stolen
- ☐ Lost
- ☐ Other (Explain): _____
- ☐ Trade In
- ☐ Transfer

Disposed To Whom: _____ Amount Received/(Cost) _____

Department Contact Information

Name _____ Phone: _____ Date: _____

*include any in-house labor and equipment costs here

Please return this completed form to the Finance Department.

Received by Finance: _____
Date Received: _____
Date Processed in MCSJ: _____
Added/Removed in Fixed Assets Listing: ☐
Insurance Company Notified: ☐