

# *Asset Activity Form*

- |  |  |
|--|--|
| <input type="checkbox"/> Transfer            | New Department: _____  |
| <input type="checkbox"/> Change of Custodian | Printed Name of New Custodian: _____   |
| <input type="checkbox"/> Change of Location  | New Location: _____ Condition: _____   |
| <input type="checkbox"/> Donation            | Non-Profit Organization: _____   |
| <input type="checkbox"/> Disposal            | Disposal Code: <input type="checkbox"/> Obsolete <input type="checkbox"/> Non-Repairable <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Recycle             | <input type="checkbox"/> Repair Not Cost Effective <input type="checkbox"/> Trade-In   |

| Dept # | Asset ID | Description | Serial Number |
|--------|----------|-------------|---------------|
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |
|        |          |             |               |

| <b>Initiating Department</b>                      |               |  |               |
|---|---------------|--|---------------|
| _____<br>Custodian or Division Director Signature | _____<br>Date | _____<br>Department Director Signature | _____<br>Date |

| <b>Receiving Department</b>  |               |   |               |
|--|---------------|---|---------------|
| _____<br>*Custodian Signature (Custodian Change)   | _____<br>Date | _____<br>Department Director Signature (Transfer) | _____<br>Date |
| _____<br>Non-Profit Rep Signature (Donation)   | _____<br>Date | _____<br>Disposal Witness (Disposal)              | _____<br>Date |
| <i>*As custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</i> |               |   |               |

| <b>Vehicles</b>                        |               |
|--|---------------|
| _____<br>Fleet Section Chief Signature | _____<br>Date |

| <b>Computers &amp; Related Equipment (Electronics Recycling)</b> |               |   |               |
|--|---------------|---|---------------|
| _____<br>Systems Mgmt Director Signature                         | _____<br>Date |   |               |
| _____<br>Recv'd by: Facilities Maint Rep Signature               | _____<br>Date | _____<br>Recv'd by: SWM Recycling Rep Signature | _____<br>Date |

| <b>Clerk's Office</b>              |                              |   |
|------------------------------------|------------------------------|---|
| Asset Record Updated _____<br>Date | Board Approval _____<br>Date | Copy of Form Rtn'd to Dept(s) _____<br>Date |