



## 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

Full Purchase Cost: \_\_\_\_\_

☐ Transfer

\*Discount or Savings: \_\_\_\_\_

☐ Gift/Donation

Amount Paid: \_\_\_\_\_

☐ Constructed

☐ Other (Explain): \_\_\_\_\_

Acquired From (if transferred): \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Location of Asset (Address & Building Name): \_\_\_\_\_

### Unit Disposal

Date of Disposal: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Type of Disposal:

☐ Sold

Stolen

Trade In

☐ Scrapped

Lost

Transfer

☐ Destroyed

Other (Explain): \_\_\_\_\_

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: \_\_\_\_\_