SANGAMON COUNTY
FIXED ASSET CONTROL FORM

ADDITIONS ASSET # (Assigned by Auditor's Office): ________________

Description: ____

Make/Model: ________________________ Serial Number: ________________________

Classification (Vehicle, Computer, Office Equip, Bldg Imp, etc.): ________________________________

Vendor: ____________________________Invoice #_______________________________

Date Received: _____________ Cost: $___________ or Value (If Not Purchased): $__________

Dept: ________________ Location: _______________ Floor: ________ Room: ________

Acquisition Method (Purchased, Donated, Grant Funded, Seized, etc.): ___________________

Requisition Fund/Dept/Sub-Dept/Account: _______ / ______ / _______ / _____________

- -

TRANSFERS ASSET #: ______________

From Department: _____________________________________ Date: ________________

To Dept: __________ Location: __________ Floor: __________ Room: __________

Approval Signatures: ____________________________ ___________________________

Transferring Department Receiving Department

- -

DISPOSALS ASSET #: ______________

Disposal Type (Sold, Traded-in, Donated, Cannibalized, Discarded, etc.): _________________

Receiving Entity (If Applicable): ____

Trade-in Value Received (If Applicable): ___________________

Disposal Date: __________ Department Approval Signature: ________________________

Disposal Approval Signature ___________________________________

(Disposal of assets with an original cost <$5,000 require Auditor's Office approval; disposal of assets with an original cost >$5,000 requires oversight committee approval; all donations of assets require the approval of the County Board Chairman.)

* * * * * * * * * * * * * * * * * * * **Auditor's Office Use** *

Transaction Entered Into Fixed Asset System - Initials: ______________ Date: ___________