

Fixed Assets Equipment Form

Sonoma County Office of Education

Asset Tag Number _____

Contact Person _____ Phone _____ Date _____

Description of Item _____ Brand Name _____

Model Number _____ Serial Number _____

Add New Item to Inventory

Location of Asset

Site name and address _____

Room number, room name, or description of location _____

Cost (include tax and shipping) _____

Purchase Order Number _____ Date Acquired _____

Vendor Name _____ Vendor Number _____

Budget Code _____

Change Value of Item Old value _____ New value _____

Change Location of Item (Note: Inter-departmental changes require approval by both department directors.)

From: Old Location of Asset

Site name and address _____

Room number, room name, or description of location _____

Department Director Approval _____ Date _____

To: New Location of Asset

Site name and address _____

Room number, room name, or description of location _____

Department Director Approval _____ Date _____

Disposal of Item/Delete from Inventory

Disposal Reason _____

Disposal Date _____ Disposal Method _____

Department Director Approval _____ Date _____

For Business Services Use Only

Date Entered _____