

DATE: _____

GENERAL INVENTORY CHANGE FORM

NOTE: THIS FORM MUST BE COMPLETED AND GIVEN TO THE AUDITORS OFFICE WHENEVER AN ITEM (ANY NON-DISPOSABLE ASSET) IS BOUGHT, SOLD, TRADED, JUNKED, OR TRANSFERRED. PLEASE MARK WHETHER THIS IS A CHANGE TO AN ITEM CURRENTLY ON THE INVENTORY LIST OR A NEW ITEM.

_____ NEW ITEM _____ CHANGE TO AN EXISTING ITEM

COUNTY TAG# _____

DISPOSITION: _____

A - ACTIVE C - CHANGE LOCATION J - UNUSEABLE S - SOLD T - TRADED
R - RETURNED TO VENDOR M – MUNICIPALITY TRANSFER D - SET ASIDE FOR AUCTION/SURPLUS

PURCHASE DATE IF NEW OR EFFECTIVE DATE IF OTHER: _____

PURCHASE ORDER NUMBER: _____

DEPARTMENT: _____

LOCATION: _____

DESCRIPTION: _____

MANUFACTURING: _____

MODEL: _____

SERIAL #: _____

ORIGINAL COST: _____

CLASS _____

1 - MISC. EQUIP 2 - VEHICLE 3 - MACHINE 4 - RADIO 5 - BUILDINGS
6 - LAND 7 - COMPUTER & COMPUTER EQUIP. 8 - OFFICE EQUIPMENT
9 - OFFICE FURNITURE 10 – WEAPON 11 – TOWER EQUIPMENT

COMMENTS:

DEPARTMENT HEAD SIGNATURE _____