

**MACON COUNTY
FIXED ASSETS EQUIPMENT
DISPOSITION / DELETION/ TRANSFER FORM**

This form must be typed or written in ink. A separate form must be completed for each equipment item or lot. If you are disposing of multiple items in the same category (e.g., 20 computers), complete this page then list the individual items with serial numbers and tag numbers on an attached sheet. Non-equipment items such as chairs, tables, desks, etc. may be grouped as one lot. To ensure the correct equipment is removed from your department, the inventory tag number must be supplied. **The original copy of this document must be sent to the Finance Department.**

To be Completed by Department			
Inventory Equipment Number:		Upgrade Tag Number:	
Equipment Description:			
Manufacturer:	Model:		Year:
Serial / VIN Number:	Color:	Mileage:	Quantity:
Condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Needs Repair <input type="checkbox"/> Parts Missing Explanation: _____			
Vehicles: <input type="checkbox"/> Starts <input type="checkbox"/> Starts w/ boost <input type="checkbox"/> Is Drivable <input type="checkbox"/> Is not Drivable <input type="checkbox"/> 6 cyl <input type="checkbox"/> 8 cyl <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Cracked Glass <input type="checkbox"/> Minor Scratches <input type="checkbox"/> Major Scratches <input type="checkbox"/> Exposed Wires from removal of equipment <input type="checkbox"/> A/C <input type="checkbox"/> Air Bag <input type="checkbox"/> AM/FM Radio <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Power Doors/Locks <input type="checkbox"/> Power Seats <input type="checkbox"/> Cruise Control			
Int. Condition _____ Color _____ Ext. Condition _____ Color _____			
Decals <input type="checkbox"/> have been removed <input type="checkbox"/> impressions remain <input type="checkbox"/> no impressions left <input type="checkbox"/> Tag turned in <input type="checkbox"/> Car Keys / Gas Key turned in			
Computer Equipment: Has software and data files been erased, with proper documentation filed to comply with applicable software licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No --IT Dept signature required on all computer items _____ Date _____			
Please check one of the following: <input type="checkbox"/> Surplus <input type="checkbox"/> Parts Only <input type="checkbox"/> Stolen (attach police report) <input type="checkbox"/> Lost (can't locate) <input type="checkbox"/> Sold (Gov Deals) <input type="checkbox"/> Commissioners <input type="checkbox"/> Traded in for _____ (equip#) <input type="checkbox"/> Moved to another room/building within the department _____ (new building and room#/location) <input type="checkbox"/> Transferred to another department _____ (new department and location) <input type="checkbox"/> Other _____			
Were any of these items purchased with grant, state or federal funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach instructions from grantor stating how to dispose of or contact grants dept for instructions.			
Department Name:		Department Number:	
Location of Item (Building and Room):		Phone Number:	
Authorized Dept Signature:			Date:
Authorized Dept Signature (receiving the transfer):			Date:
To be Completed by Finance Department			
Updated to Gov Deals by:		Date:	
Updated Inventory by:		Date:	

County Managers Signature _____ Date _____