

BERLIN CENTRAL SCHOOL DISTRICT
FIXED ASSET / EQUIPMENT CHANGE FORM

TRANSACTION TYPE: PURCHASE _____ TRANSFER _____ GIFT _____ DELETION _____
(Please check one)

Tag # _____

ASSET LOCATION

(Please note that this is where the asset/equipment will be used or stored in case of purchase or gift; where the asset/equipment is being transferred from; OR where the asset/equipment was last used in case of deletion.)

BUILDING: _____ ROOM NUMBER: _____

DEPARTMENT: _____

DESCRIPTION OF ASSET: _____

MODEL NUMBER: _____ SERIAL NUMBER: _____

PURCHASE INFORMATION

PO #/INV #: _____ ORIGINAL COST: _____

VENDOR: _____ DATE PURCHASED: _____

TRANSFER INFORMATION

NEW LOCATION: BUILDING: _____

ROOM #: _____

GIFT INFORMATION

DONOR INFORMATION: _____

DONOR STIPULATIONS: _____ VALUE: _____

DATE OF BOE ACCEPTANCE OF DONATION: _____

DELETION INFORMATION

REASON FOR DELETION: _____

DATE OF BOE APPROVAL AS SURPLUS: _____

PLEASE RETURN THIS FORM TO THE BUSINESS OFFICE

In case of PURCHASE – this form should be returned with a copy of the Invoice and or the Purchase Order. In case of TRANSFER, GIFT or DELETION – this form should be forwarded on the effective date.

Signature

Date of this Report