



FIXED ASSET UPDATE FORM

USE THIS FORM TO REPORT MOST ACTIVITY OF INVENTORIED ASSETS
(INCLUDING ASSET DISPOSALS, TRANSFERS, RE-VALUATIONS, TRADE-INS, STOLEN, SOLD)

PLEASE PRINT

***MUST BE COMPLETED**

*DATE: _____ WAS ASSET PURCHASED WITH GRANT FUNDS? _____ IF YES, GRANT NUMBER: _____

*ASSET TAG NUMBER: _____ SAGE ID NUMBER: _____

*ASSET DESCRIPTION: _____

*VIN/SERIAL NUMBER: _____ MODEL NUMBER: _____

*FORM COMPLETED BY: _____ *CONTACT NUMBER: _____

EQUIPMENT DISPOSAL

SCRAP TRADE-IN TRADE-IN VALUE: _____ *DATE OF DISPOSAL: _____

SURPLUS SOLD AMOUNT OF SALE: _____ COST OF DISPOSAL: _____

LOST STOLEN (ATTACH COPY OF POLICE REPORT) ASSET NET BOOK VALUE: _____

OTHER _____

EQUIPMENT TRANSFER

*TRANSFERRED FROM: DEPARTMENT NAME: _____ ORG NUMBER: _____

*TRANSFERRED TO: DEPARTMENT NAME: _____ ORG NUMBER: _____

*NEW LOCATION: CAMPUS: _____ *BUILDING: _____ *ROOM: _____

*NEW DPA NAME: _____ *CONTACT NUMBER: _____

EQUIPMENT IMPAIRMENT (RE-VALUATION)

*NEW ASSET VALUE: _____

*REASON FOR IMPAIRMENT: _____

PLEASE ATTACH THE FOLLOWING:

**DOCUMENTS: INCLUDING CHECKS, CREDIT CARD RECIEPTS AND DEPOSIT SLIPS
COPIES OF ALL INVOICES FOR EXPENSES INCURRED TO DISPOSE OF ASSET, RE-VALUATION RECEIPTS & SALES**

APPROVALS

ORIGINATING DEPARTMENT: _____ DATE: _____

RECEIVING DEPARTMENT: _____ DATE: _____

SURPLUS: _____ DATE: _____

GRANTS MANAGER: _____ DATE: _____

FIXED ASSETS: _____ DOC#: _____ DATE: _____

ENTERED IN SAGE FAS: _____ DATE: _____

FAR MANAGER: _____ DATE: _____