



### FIXED ASSET REPLACEMENT FORM

USE THIS FORM TO REPORT REPLACEMENT PIECES OF INVENTORIED ASSETS

PLEASE PRINT

**\*MUST BE COMPLETED**

\*DATE: \_\_\_\_\_

\*ASSET TAG NUMBER: \_\_\_\_\_

SAGE ID NUMBER: \_\_\_\_\_

\*ASSET DESCRIPTION: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\*FORM COMPLETED BY: \_\_\_\_\_

\*CONTACT NUMBER: \_\_\_\_\_

#### PRIOR INFORMATION

\*VIN/SERIAL NUMBER: \_\_\_\_\_

\*DATE OF REMOVAL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

#### NEW INFORMATION

\*VIN/SERIAL NUMBER: \_\_\_\_\_

\*DATE OF REPLACEMENT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

#### APPROVALS

DEPARTMENT HEAD/DPA: \_\_\_\_\_

DATE: \_\_\_\_\_

FIXED ASSETS: \_\_\_\_\_ DOC#: \_\_\_\_\_

DATE: \_\_\_\_\_

ENTERED IN SAGE FAS: \_\_\_\_\_

DATE: \_\_\_\_\_

FAS MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_