

Asset/Property Tracking Form

(Single Asset)

Date: _____ Completed By: _____ Date tag applied: _____

Transaction Type – Must Be Completed		
<input type="checkbox"/> ACQUISITION <input type="checkbox"/> Purchased <input type="checkbox"/> Constructed <input type="checkbox"/> Capital Lease <input type="checkbox"/> Donation <input type="checkbox"/> Seized <input type="checkbox"/> Lost or Stolen <input type="checkbox"/> Other	<input type="checkbox"/> TRANSFER <input type="checkbox"/> Intra-Departmental (division) <input type="checkbox"/> Inter-Departmental <input type="checkbox"/> From Surplus To Surplus (check one) <input type="checkbox"/> Central Warehouse <input type="checkbox"/> Information Technology	<input type="checkbox"/> DISPOSAL (Finance Use Only) <input type="checkbox"/> Stolen (police report attached) <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Traded <input type="checkbox"/> Salvage/Scrap <input type="checkbox"/> Donated to _____ <input type="checkbox"/> Abandoned <input type="checkbox"/> Cannibalized <input type="checkbox"/> Sold \$ _____
Assigned Department Department/Division:	Transferred From Dept/Div:	
	Transferred To Dept/Div:	

Section 1 – Asset / Property

Type of Property:	<input type="checkbox"/> Capital Asset <input type="checkbox"/> Attractive items <input type="checkbox"/> Real Property
Description:	
Manufacturer:	Serial No.:
Model No.:	City Asset ID No.:
Condition:	<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Scrap <input type="checkbox"/> Damaged

Complete the following for VEHICLES or EQUIPMENT

Model Year:		Vehicle Identification No.:	
License Plate No.:	City Vehicle ID No.:		
Cost/Value: (if donated)			

Complete the following for REAL PROPERTY (purchased or constructed)

Physical Address:	
Project Name:	
Cost/Value: (if donated)	

Custodian Signature:

Date delivered to location: