

## Asset Activity Form

<input type="checkbox"/> Department Transfer <input type="checkbox"/> Custodian Change	Current Department: _____ Current Custodian: _____ New Department: _____ New Custodian: _____		
<input type="checkbox"/> Location Change	Current Location: _____ New Location: _____ Condition: _____		
<input checked="" type="checkbox"/> Disposal	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <b>Type:</b> <input type="checkbox"/> Obsolete <input checked="" type="checkbox"/> Non-Repairable <input type="checkbox"/> Recycle  <input type="checkbox"/> Dismantled for Parts <input type="checkbox"/> Trade-In  <input type="checkbox"/> Repair Not Cost Effective           </td> <td style="width: 40%; border: none;"> <b>Method:</b> <input checked="" type="checkbox"/> Landfill - Solid Waste  <input type="checkbox"/> Landfill – Electronic Recycle  <input type="checkbox"/> Other: _____           </td> </tr> </table>	<b>Type:</b> <input type="checkbox"/> Obsolete <input checked="" type="checkbox"/> Non-Repairable <input type="checkbox"/> Recycle <input type="checkbox"/> Dismantled for Parts <input type="checkbox"/> Trade-In <input type="checkbox"/> Repair Not Cost Effective	<b>Method:</b> <input checked="" type="checkbox"/> Landfill - Solid Waste <input type="checkbox"/> Landfill – Electronic Recycle <input type="checkbox"/> Other: _____
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<input type="checkbox"/> Auction	If not auctioned: <input type="checkbox"/> Return to Originating Department <input type="checkbox"/> Dispose		
<input type="checkbox"/> Donation To <input type="checkbox"/> Donation From	Non-Profit Organization/Agency: _____		

Dept #	Asset ID	Description	Serial Number	Acquisition Date	Initial Cost
3200	53648	5 HP Electric Compressor	22419	12/03/1982	1,200.00

**Comments/Justification:**  
 Item non-repairable per facilities personnel.

	Initiating Department 4/27/20		4/27/2020
Asset Custodian or Division Director Signature*	Date	Department Director Signature	Date
* As custodian, I understand that I am responsible for tracking, locating, and showing all property to the Financial Services Clerk during the annual asset inventory. Per Florida Administrative Cod 69I-73.006 a physical inventory was conducted due to the asset custodian change. As new custodian I certify that the inventory was completed in accordance with all policies and regulations.			
Receiving Department (Transfers/Changes/Auctions)			
Asset Custodian or Division Director Signature	Date	Department Director Signature	Date
Receiving Department (Donation/Disposal)			
		or	
Non-Profit Representative Signature	Date	Disposal Witness Signature	Date
Financial Services Use Only			
Asset Record Updated (date): _____ Board Approved (date): _____ Employee Signature: _____			