

**CHAMPAIGN COUNTY
FIXED ASSET EQUIPMENT CHANGE FORM**

TO: Auditor's Office Date: _____

FROM: _____ Authorized Signature: _____

COUNTY TAG # _____

EQUIPMENT DESCRIPTION _____
(include serial #) _____

LOCATION CHANGE:

_____ To Administrative Services for disposal or sale. Date: _____
_____ Transferred to another dept: From Dept _____ To Dept _____
_____ Location change within dept: From: _____ To: _____

EQUIPMENT DISPOSED OF:

_____ Discarded (thrown away) _____ Traded-in for new equipment:
_____ Lost or Stolen Description: _____
_____ Sold: amt received () VR/PO#: _____
_____ Unknown, per inventory only _____ Other: _____

EQUIPMENT ACQUIRED: (confiscated goods, gift, not through normal purchasing procedures):

Date acquired _____ Location _____ Cost _____
Please explain nature of acquisition: _____

AUDITOR'S OFFICE USE ONLY

Tag#	_____	Line item	_____	Historical Cost	_____
	_____		_____		_____
	_____		_____		_____

Location: Building _____ Dept _____ Addl info _____
Funding Source _____ Function Code _____
Computer Updated _____ (date) _____ (initials)