



Fixed Asset Inventory Update Form

Effective Date: _____

Fixed Asset ID No: _____

Description: _____

Manufacturer: _____ Model: _____

Serial/VIN Property No.: _____

EQUIPMENT TRANSFER/RELOCATION

Transferred From Department: _____ Department Approval: _____

Transferred To Department: _____ Department Approval: _____

New Location- General: _____ New Location-Specific: _____

New Assigned Employee: _____

Comments: _____

EQUIPMENT DISPOSAL

Method of Disposal:

Destroyed <input type="checkbox"/>	Theft <input type="checkbox"/>	Traded <input type="checkbox"/>	Trade-in Value: _____
Lost <input type="checkbox"/>	Salvage <input type="checkbox"/>	Sold <input type="checkbox"/>	Sale Amount: _____
Donation <input type="checkbox"/>			

Comments: _____

Department Approval: _____ Date: _____

Entered By: _____ Date: _____