Auditor-Controller- Capital Asset Adjustments Form (Transfers/Retirements/Disposals)

This form is to be utilized for the disposal of capital assets, transfer of capital assets between departments, or request a new Tag Decal.

Contact/Custodian Person **Candace Fiske** Phone Number **(707) 253-4958**

Department **1600000** Fund _____ Subdivision _____

Asset Tag # Assigned **27241**

Asset Description **B&H Security Camera System**

Location of Asset **Communications - ewaste**

Authorized Signature Candace Fiske

Grant Funded Yes ☐ No ☒ (if yes, Federal ☐ State ☐ Other ☐)

If Grant Funded, attach grant documentation on disposal of assets ☐

☐ **Retirement:** Date of Event _____ Send to Purchasing with documentation (including BOS approval)

Purchasing Use Only

- ☐ Sold
- ☐ Auctioned (Please include Auction report)
- ☐ Surplus ☐ Surplus Accepted _____ Date _____
  Purchasing Authorized Signature
- ☐ Traded-in Amount of trade-in value $ _____ (attach documentation)
- ☐ Stolen (If stolen include copy of Police Report or explanation)
- ☐ Donated to _____
- ☒ Disposed Reviewed by: James "Andy" Ernest

☐ **Transfer of Asset:**

Current Custodian/Certifying Department _____
Authorized Signature

New Custodian /Certifying Department _____
Authorized Signature

New Dept _____ Fund _____ Subdivision _____

New location of Asset _____ Date of Transfer _____

☐ **Furnish New Asset Tag to Replace lost Asset Tag:**

Current Custodian/Certifying Department _____ Date _____
Authorized Signature

New Custodian/Certifying Department _____ Date _____
Authorized Signature

Should you have any questions or concerns regarding how to fill out this form please contact either: Auditor-Controller's Office, Georgina Panganiban, (707) 253-4620 or Jobina Toh, (707)253-4555

Revised 7/2023