

LICKING COUNTY EDUCATIONAL SERVICE CENTER

FIXED ASSET ACQUISITION

Please fill out top portion completely and forward to Treasurer.

Tag#: \_\_\_\_\_ Model#: \_\_\_\_\_ Serial # \_\_\_\_\_

Description of item: \_\_\_\_\_

Location of item: \_\_\_\_\_

Type of inventory: \_\_\_\_\_ Equipment (03) \_\_\_\_\_ Furniture (03) \_\_\_\_\_ Vehicle (04)

Method of acquisition: \_\_\_\_\_ (1) Purchased (P) \_\_\_\_\_ (2) Donated (D)

\_\_\_\_\_ (3) Lease (L) \_\_\_\_\_ (4) Other (0)

If donated: \$ \_\_\_\_\_ (Cost/Value of item)

From: \_\_\_\_\_

Purchase price \$- \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Account Code: \_\_\_\_\_ P.O.# \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Warrant/Check#: \_\_\_\_\_

Vendor: \_\_\_\_\_ Vendor #- \_\_\_\_\_

Processed through GAAP system \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_