



Franklin County Capital Asset Form

(Complete a separate form for each item that will receive or has an inventory number)

Department: _____ Date: _____
Budget or Fund Number: _____
Asset Description: _____
Asset Model Number: _____ Asset Serial Number: _____
Useful Life Expectancy: _____ Estimated Value/ Cost: _____
Department Inventory Number (for cross reference, if applicable): _____

New Purchase:

Purchase Date: _____
Purchased From Name: _____
Purchased From Address: _____
Purchase Price (Include ancillary costs such as taxes, shipping, setup etc.): _____
Purchased under competitive bid? [] Yes [] No Bid Number: _____
Source of Funds (i.e., Current Expense, Federal Funds, Grant Name or Source): _____
If Federal Funds: _____ % ID# _____ Condition: _____
Reason for Purchase: _____
Asset Location: _____ Mobile? [] Yes [] No

To Be Provided Upon Board Approval of Purchase:

Voucher Number: _____ Warrant Date: _____ Warrant Number: _____

Asset Transferred to other Department or Organization:

Asset transferred to (Name of Department or Organization): _____
Printed name & Signature of Department Head transferring Asset: _____
Printed name & Signature of Department Head receiving Asset: _____

Lost or Stolen Asset: *If lost, attach a dated and signed statement from responsible person explaining circumstances of when and how asset was lost and what measures were taken to recover it. If stolen, attach copy of police report.*

Name of Person Responsible for Asset: _____

Asset Removal: *Please put an 'X' by appropriate option.*

____ **Disposal:** Asset is impaired or broken and no longer usable. Item will be taken to the landfill.
(Maintenance will remove tag).

____ **Surplus:** Asset remains in inventory but is no longer needed within the department. Item is in fair to good condition and remains usable. Surplus items will be inventoried as such and will be made available to other departments, donated, or later sold. (Tag stays affixed to asset, if applicable, until sold or donated).

I certify that the above-described property has been:

- Approved for Purchase
- Disposed of by depositing it at the County Transfer Station
- Placed in storage for surplus (location): _____
- Immediately taken for donation (organization): _____

Printed name of person completing this form: _____

If submitting this form electronically, the above named, is stating they are authorized by their Department Head to complete this form on their behalf. If form is submitted in writing, Department Head's signature is required:

Signature of EO/DH Personnel: _____ Date: _____

PLEASE RETURN TO:
Clerk of the Board of Franklin County
Located in the Commissioner's Office
1016 N. 4th Ave.
Pasco, WA 99301

For Internal Use Only

Authorized By: Board of County Commissioners of Franklin County, Washington

Chairman: _____

Commissioner: _____

Commissioner: _____

Date: _____

Date posted to County Inventory: _____

Posted by: _____

- Original to Commissioners
- Copy to EO/DH
- Copy to Risk Manager