

# FIXED ASSET INFORMATION

Please Complete All Applicable Information

Revised 11/6/2019

Asset Tag #: _____	Fiscal Year: _____
Asset Description: _____	PO#: _____
Vendor Name: _____	Asset Cost: _____
Manufacture: _____	Invoice #: _____
Retirement/Disposal Date: _____	Serial #: _____
Commodity Code: _____	Model #: _____

**Asset Type & Function (Chose from below)**

Class	Sub Class	Department
10 Land	110 Land	1100 Instruction
	120 Land Improvements	2100 Instructional Student Support Services
	130 Infrastructure	2200 Instructional Staff Support Services
20 Buildings	210 Buildings	2300 District Admin
	220 Building Improvements	2400 School Administrative
	230 Portable Buildings	2500 Business Support Services
	240 Carpet/Tile Replacement	2600 Plant Operations & Maintenance
30 Technology	310 KETS Technology	2700 Student Transportation
	320 Non-KETS Technology	3100 Food Service
	330 Copiers	3200 Enterprise Operations
40 Vehicles	410 School Buses	3300 Community Serv. Operations (FRYSC)
	420 Other Vehicles	
50 General	510 Rolling Stock	
	520 Food Service	
	530 Furniture & Fixtures	
	540 Audio-Visual Equipment	
	550 Other	

**Please Complete if Tagging New Asset**

School/Building Location: _____	Room #: _____
Asset Tagged By: _____	Tagged Date: _____

**SURPLUS ASSET INFORMATION**

Asset Description: _____	Location: _____
Serial #: _____	Model #: _____
<p><i>Please Circle Appropriate Code</i></p> <ul style="list-style-type: none"> <li>DM - Damaged</li> <li>J - Junked (End of Life)</li> <li>M - Missing</li> <li>S - Sold</li> <li>ST - Stolen</li> <li>SS - Surplus</li> <li>TI - Trade - In</li> <li>T - Transferred</li> </ul>	<p><i>Place Asset Tag Below, if no tag, please write in Tag #</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

**Please Complete for Surplus of Asset**

Signature: _____	Date: _____
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**CHANGE IN ASSET LOCATION**

**Complete when moving equipment from location to location or from room to room within same location.**

TAG #	Asset Description:		
Serial #:	Model #	Add'l Information:	
Move From:(Current Location)		Room #:	
Move To: (New Location)		Room #:	

**Please Complete for Approval of Asset Location Change.**

Signature: _____	Date: _____
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