

PLUMAS COUNTY AUDITOR - CONTROLLER
FIXED ASSET
CHANGE FORM

Reason for Change (Check one)		Transfer	Sold	Discarded
		Donated	Other _____	
Current Department Number	_____	New Department Number _____		
Current Department Name	_____	New Department Name _____		
Date Acquired	_____	Date of Change _____		
Current Location of Asset	_____	New Location of Asset _____		
Total Asset Cost	_____	Sold Amount _____		
Description of Asset _____				
Serial Number _____				
Date Presented to the Board of Supervisors		Include copy of the BOS minutes _____		
Current Department Head Name (printed) _____				
Current Department Head (signature) _____				
New Department Head Name (printed) _____				
New Department Head (signature) _____				

Auditor Office Only		
Asset Number	_____	
Asset Cost	_____	Accumulated Depreciation _____