

PLUMAS COUNTY AUDITOR - CONTROLLER
FIXED ASSET
CHANGE FORM

Reason for Change (Check one)	<input type="checkbox"/> Transfer	<input type="checkbox"/> Sold	<input type="checkbox"/> Discarded
	<input type="checkbox"/> Donated	<input type="checkbox"/> 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 _____