

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	_____