

**EUFAULA CITY SCHOOLS
FIXED ASSETS SYSTEM**

Date: _____

Preparer Signature: _____

ADDITION: (Complete all information, sign and date)

Item Description: _____

Make/Model #: _____ Serial #: _____

School/Site #: _____ Room #: _____/Teacher: _____

Purchase Order #: _____ Purchase Order Date: _____

Fund Source: _____ (27 digit acctg.code)

Vendor Name: _____ Cost \$: _____

Check #: _____ Check Date: _____

Class/Subclass: _____ / _____ Bar Code Number: _____

TRANSFER: (Complete all information, sign and date)

Item Description: _____ Serial #: _____

Bar Code #: _____ From: Site #: _____ Room #: _____
To: Site #: _____ Room #: _____

Submitted by: _____ Date: _____

DELETION: (Complete all information, sign and date)

Item Description: _____ Serial #: _____

Bar Code #: _____ From: Site #: _____ Room #: _____

Reason For deletion: ___Sold ___Discarded ___Traded ___Stolen (Police report required) ___Other

Explain deletion: _____

Submitted by: _____ Date: _____

Return completed form to Melody Huston at the Central Office. If approved, a copy will be returned to you for the appropriate action to be taken.

Principal/Administrator

Superintendent Approval