

ASSOCIATED STUDENTS Fixed Assets Change Form

Batch # _____

Date: _____

ASSET #

--	--	--	--	--

Item Name: _____ Dept: _____ - _____ - _____

Please check one:

☐ **SOLD:** Date: _____ To Whom: _____

Amount \$ _____ Account #: _____ - _____ - _____ - _____

☐ **LOST:** Date Last Seen: _____

☐ **STOLEN:** Date Last Seen: _____
(Please include an incident report)

☐ **DISPOSED:** Reason: _____ Date: _____

☐ **LOCATION CHANGE:** From: _____ To: _____

☐ **TAGGED DAMAGED RETAGGED:** New Number: _____

Employee Completing Form: _____ Ext: _____

I certify that this asset has been disposed of per Associated Student policies.

A.S. Employee: _____ Date: _____

Division Director: _____ Date: _____