



FIXED ASSET CHANGE REQUEST
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 FINANCE
 SFN 76 (3-2024)

PART 1 - ORIGINAL ADDITIONS - IF AN ITEM WAS TRADED ON THIS COMPLETE PART 4 OF THIS FORM ALSO

Tag Number	Acquisition Code <input type="checkbox"/> Construct <input type="checkbox"/> Donated <input type="checkbox"/> Leased <input type="checkbox"/> Like Exch <input type="checkbox"/> Purchased <input type="checkbox"/> Trade In <input type="checkbox"/> Transfer		
Transaction Date	Serial Number	Purchase Order Number	
Description			
Asset ID	Vendor	Location	
ProfileID	Cost: (Rounded - Dollars Only)		
Operating Unit	Fund Code	Department	Class Field
Project			

PART 2 - ADDITIONS/CHANGES TO EXISTING ITEM (FOR ADDITIONS TO EQUIPMENT ALREADY ON INVENTORY)

Tag Number	Location		
Describe Addition/Change			
Added Cost	Transaction Date	Department	
Purchase Order Number	Vendor		

PART 3 - TRANSFERS (TO BE COMPLETED AND SIGNED BY TRANSFERRING UNIT - SIGNED BY RECEIVING UNIT)

*** DO NOT USE TWO FORMS**

Tag Number	Transaction Date
Description	
Location Code Transferring Unit	
Authorized Signature - Transferring Unit	
Location Code Receiving Unit	
Authorized Signature - Receiving Unit	

PART 4 - DELETIONS - IF ITEM WAS TRADED COMPLETE PART 1 OF THIS FORM ALSO

Tag Number	Transaction Date	Location Code
Deletion Transaction Code <input type="checkbox"/> Abandoned <input type="checkbox"/> Capitalized Lease Return <input type="checkbox"/> Disappeared-Lost <input type="checkbox"/> Donated <input type="checkbox"/> Inventory <input type="checkbox"/> Error <input type="checkbox"/> Surplus <input type="checkbox"/> Cannibalized <input type="checkbox"/> Casualty <input type="checkbox"/> Disposal Due to Theft <input type="checkbox"/> Sale <input type="checkbox"/> Revaluation <input type="checkbox"/> Scrap <input type="checkbox"/> Trade-In		
Description		
Authorized Signature		

Deputy Commissioner, Finance Signature