FIXED ASSET CHANGE REQUEST

ND DEPARTMENT OF HUMAN SERVICES
FINANCE DIVISION
SFN 76 (10-2008)

Clear Fields

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

Tag Number:	Acquisition Code: ☐ Construct ☐ Dontated ☐ Leased ☐ Like Exch ☐ Purchased ☐ Trade In ☐ Transfer		
Transaction Date:	Serial Number:	Purchase Order Number:	
Description:			
Asset ID:	Vendor:	Location:	
Profile ID:		Cost: (Rounded - Dollars Only)	
Operating Unit: 325	Fund Code:	Dept:	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:	
Deletion Transaction Code:	☐ Abandoned	☐ Casualty	☐ Donated	☐ Revaluation	☐ Surplus
	☐ Cannibalized	☐ Disappeared-Lost	☐ Error	☐ Sale	☐ Trade-In
	☐ Capitalized Lease Return	☐ Disposal Due to Theft	☐ Inventory	☐ Scrap	
Description:					
Location Code:					
Authorized Signature:					
Assistant Director, Fiscal Administration Signature:					