

FIXED ASSET INFORMATION

Please Complete All Applicable Information

RECEIVED
1/29/2020

Revised 11/6/2019

Asset Tag #:	<u>93051</u>	Fiscal Year:	<u>2020</u>
Asset Description:	<u>Bus # 0537</u>	PO#:	<u>B1552</u>
Vendor Name:	<u>Kon International Trucks</u>	Asset Cost:	<u>\$58,582.00</u>
Manufacture:	<u>International</u>	Invoice #:	
Retirement/Disposal Date:	<u>11/22/19</u>	Serial #:	<u>VIN: 4DR3UAAAN16A17067H</u>
Commodity Code:		Model #:	

Asset Type & Function (Chose from below)

Class	Sub Class	Department	
10 Land	110 Land	1100	Instruction
	120 Land Improvements	2100	Instructional Student Support Services
	130 Infrastructure	2200	Instructional Staff Support Services
20 Buildings	210 Buildings	2300	District Admin
	220 Building Improvements	2400	School Administrative
	230 Portable Buildings	2500	Business Support Services
	240 Carpet/Tile Replacement	2600	Plant Operations & Maintenance
30 Technology	310 KETS Technology	2700	Student Transportation
	320 Non-KETS Technology	3100	Food Service
	330 Copiers	3200	Enterprise Operations
40 Vehicles	410 School Buses	3300	Community Serv. Operations (FRYSC)
	420 Other Vehicles		
50 General	510 Rolling Stock		
	520 Food Service		
	530 Furniture & Fixtures		
	540 Audio-Visual Equipment		
	550 Other		

Please Complete if Tagging New Asset

School/Building Location: _____ Room #: _____
 Asset Tagged By: _____ Tagged Date: _____

Asset Description:	<u>Bus</u>	Location:	_____
Serial #:	_____	Model #:	_____
Please Circle Appropriate Code <input checked="" type="radio"/> DM - Damaged J - Junked (End of Life) M - Missing S - Sold ST - Stolen SS - Surplus TI - Trade - In T - Transferred		Place Asset Tag Below, if no tag, please write in Tag # <div style="font-size: 2em; text-align: center;">Surplus Damaged</div>	

Please Complete for Surplus of Asset

Signature: [Signature] Date: 1/29/20

CHANGE IN ASSET LOCATION

Complete when moving equipment from location to location or from room to room within same location.

TAG #	Asset Description:		
Serial #:	Model #	Add'l Information:	
Move From:(Current Location)		Room #:	
Move To: (New Location)		Room #:	

Please Complete for Approval of Asset Location Change.

Signature: _____ Date: _____