DEPT.:

CITY-PARISH GOVERNMENT

Movable Assets Acquisition, Departmental Move, Disposition and Correction Form

As Needed Correct Section A, B, or C of the FMA Form:
Circle Your Corrections:

A

☐ Correction

Date: 03/06/18 **Property Tag:** N/A

Description:

Serial No./VIN#: 210-59576 **Acct#:**

Location: / / / **Property Manager:** **Class Code:**
2 2 2 4 *(digits)* 013401 A54 *(code)* 98

Dept./Div.#: **Date Rec'd:** 12-17-15 **P.O.#:** N/A **P.O. Date:**

Item Cost: $ **VEHICLE AND EQUIPMENT: Make:** CESSNA **Model:** 210L CENTURION

Year: 1972 **Equipment No.:** _____ **License No:** N4676Q

B

DEPARTMENTAL MOVE (or) TRANSFER

Department/Division receiving asset must complete this section
Ensure to complete section A of this form

Date: _____ **New Location:** _____ **Dept./Div. No.:** _____

Method: _____ **New Dept./Div Signature:** _____

C

DONATION, SOLD, SURPLUS, PILFERAGE, REPLACEMENT OR TRADE-IN

Ensure to complete section A of this form

Check One: ☐ Donation ☐ Sale ☐ Surplus ☐ ☐ ☐
/Scrapped Pilferage Trade-In Replacement Asset

Date: _____ **Amount received Trade-In $** _____
Disposition Code: _____ **Amount received for Sale: $** _____
Sold To: _____ **Donee (Organization):** _____

P: Pilferage, S: Sold, T: Trade-in, Y: Donated, Z: Scrapped/Surplus, ZX Replacement Asset

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Authorized Signature: _____ Date: _____

***Return original completed form to the Inventory Division within 10 days of receipt of the item(s) and/or transaction. *If additional tags are required for P.O.,* call Fixed Assets Manager at 389-3259. ***

Agency_____
Contact_____
Phone_____