



TRINITY COUNTY

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Purchase of a Capital/Fixed Asset

Description of Asset, Department Number, and Asset Location must be filled out for all assets, including additions.

Description of Asset: _____

(This will be reflected on your inventory report)

Department #: _____ Asset Location: _____

(Physical address of structure, property, or where asset is being stored)

New Fixed Asset (Select applicable asset)

Addition (skip to bottom of form)

Equipment (4300) – Threshold \$5,000 or any item that is licensed to Trinity County (guns, K9's, small trailers, ATV's etc.)

Make: _____ Model: _____ CAMS# (if applicable): _____

VIN/Serial Number: _____ License Number: _____

K9 (4300) - Name: _____ License# from ACO: _____

Handlers Name: _____

Structures (4200) - Parcel #: _____
(the land the structure is located on)

Land (4100) - Parcel # of land being purchased: _____

Escrow Information: _____

If not going through Escrow company, Contract# needs to be reflected on claim.

Additions to an Existing Fixed Asset:

Asset ID#: _____ Description of Addition: _____

Does it Increase the Capacity of the Asset? Yes or No

Does it Increase the Efficiency of the Asset? Yes or No

AUDITOR USE ONLY

Warrant #: _____

Employee Initial: _____