



**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:

Assed 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: \_\_\_\_\_