

Property Acquisition Form

CONTACT INFORMATION:

Contact Person:

Department:

PROPERTY LOCATION:

Department:

Location of Property:

Floor / Room:

Employee assigned to:
(if applicable)

PROPERTY INFORMATION:

Brand / Make / Model:

Year:

Serial / VIN:

City vehicle number:
(if applicable)

Cost of Item:

Date received:

Description / Notes:

**This form applies to property that has an actual or estimated value of \$1,000 or greater and has an estimated useful life of more than one year.

SUBMIT

If you are unable to submit this form electronically, email the completed form to:

financesupport@clermontfl.org

****FINANCE DEPARTMENT USE ONLY****

Tag #:

Date tagged:

Asset #:

Initials: