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.

Email the completed form to:

financesupport@clermontfl.org

FINANCE DEPARTMENT USE ONLY

Tag #: Date tagged: Asset #: Inititals: