



ANITA LOPEZ LUCAS COUNTY AUDITOR

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CAPITAL ASSET ACQUISITION FORM

DO NOT TAG ANY ITEM UNDER \$5,000.00 EXCEPT MODULAR FURNITURE

**TO BE COMPLETED BY PURCHASING/AGENCY DEPARTMENT
PLEASE FILL IN ALL LINES**

Fund-Department purchasing asset _____

Description of asset _____

Purchase order # _____ Voucher # _____

Vendor's name _____

**TO BE COMPLETED BY DEPARTMENT - PLEASE FILL IN ALL LINES
*** PLEASE ATTACH COPY OF INVOICES AND ALL RELATED DOCUMENTS *****

Fund-Department which is using the asset purchased _____

Manufacturer's Serial # _____ County inventory # _____

Total cost of asset purchased _____ Does this purchase
replace an old asset?

Month/Year asset placed into service _____ Yes No

Location _____ Was an old asset traded for
this purchase?

TRADE-IN ALLOWANCE _____ Yes No

Old asset's manufacturer serial # _____

Old asset's county inventory # _____

***** IF AN OLD ASSET WAS DISPOSED OF OR TRANSFERRED TO ANOTHER DEPARTMENT
COMPLETE THE FIXED ASSET DISPOSAL OR TRANSFER FORM *****

I certify that to the best of my knowledge that the above information is true and correct.

Form completed by: _____ Date: _____

Supervisor Signature: _____ Date: _____

For Auditor's Use

Name: _____ Date: _____