

**Auditor-Controller-Treasurer-Tax Collector**  
**Capital Asset Adjustments Form**  
**(Transfers/Retirements/Disposals)**

*Form used to report Capital Asset disposals, transfer between departments, or request new tag decal*

---

Asset EFS Asset # \_\_\_\_\_ Asset Tag # Assigned \_\_\_\_\_

Asset Title/ Description \_\_\_\_\_

Contact/Custodian Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Asset's Business Unit \_\_\_\_\_ Fund ID \_\_\_\_\_ Department ID \_\_\_\_\_

VIN or Serial number \_\_\_\_\_

Grant Funded  Yes  No (if yes,  Federal  State  Other)

If Grant funded define disposition requirements \_\_\_\_\_

➤ **Current Custodian** \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature

**Dispose:** Date of Event \_\_\_\_\_ Include Documentation

Sell or Auction (Include Auction report)

Sale Price or Proceeds Received (\$) \_\_\_\_\_ Deposit Doc # (EFS# if known) \_\_\_\_\_

Fund # \_\_\_\_\_ Department ID \_\_\_\_\_ receiving proceeds

Surpluses to GS or ISD  Scrapped  Donated to \_\_\_\_\_

Traded-in (EFS Voucher#) \_\_\_\_\_  Stolen (Include Police Report or explanation)

➤ **Surplus Accepted (if applicable)** \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature

**Transfer of Asset:**

Current Custodian/Certifying Department \_\_\_\_\_

New Custodian/Certifying Department \_\_\_\_\_

New Business Unit \_\_\_\_\_ Fund ID \_\_\_\_\_ Department ID \_\_\_\_\_

New Location of Asset \_\_\_\_\_ Date of Transfer \_\_\_\_\_

➤ **New Custodian** \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature

**Furnish New Decal to Replace Lost Decal**

---

Refer to the County's Fiscal Policy Manual FA-1 *Accounting for Capital Assets*.

Direct questions to: [ACTTC-GeneralAccounting@sonoma-county.org](mailto:ACTTC-GeneralAccounting@sonoma-county.org)

➤ For Sonoma Water assets contact Marcus Desideri at [Marcus.Desideri@sonoma-county.org](mailto:Marcus.Desideri@sonoma-county.org) or 707-565-3653

ACTTC Use (Initial & Date):

\_\_\_\_\_ Support received  
\_\_\_\_\_ Processed in AM