

INTRADEPARTMENTAL EQUIPMENT LOCATION CHANGE

OWNER DEPT. ORG. CODE	
③	

8
DEPARTMENT NAME

9
PREPARED BY

10
TELEPHONE #

76E614S (Rev. 9/83)

County Fiscal Manual

6.2.5 Instructions for completing the "Intradepartmental Equipment Location Change" form

See the sample of the "Intradepartmental Equipment Location Form" on page 1 of this attachment. The numbered instructions below correspond to the circled numbers on the sample form.

1. BATCH NUMBER
Leave this field blank. The Auditor-Controllers' Fixed Asset Unit will complete this field.
2. TXN DATE
Enter the date the form is prepared.
3. OWNER DEPT. ORG. CODE
Enter the department's appropriate level one FIRM organizational code.
4. SEQ
Leave this field blank. The Auditor-Controller's Fixed Asset Unit will complete this field.
5. EQUIPMENT NUMBER
Enter the appropriate equipment identification number as it appears on the department's equipment inventory listing.
6. CHECK SHEET NUMBER
This field is to be completed for the department's information only. This field is not required to be completed for Auditor-Controller's uses.
7. NEW LOCATION
Enter the appropriate location code identifying the new physical location of the equipment item. See the Department Location Index for the appropriate location codes.
8. DEPARTMENT NAME
Enter the department's name.
9. PREPARED BY
Enter the signature of the person preparing the form.
10. TELEPHONE NO.
Enter the telephone number of the person preparing the form.

DISTRIBUTION:

Original	Auditor-Controller Fixed Asset Unit 500 W. Temple St., Room 603 Los Angeles, CA 90012
First Copy	Receiving Location
Second Copy	Sending Location