

Town of West Boylston
Fixed Asset Inventory Control Card
(Complete for ANY item with purchase price of \$1,000.00 or greater)

1. Department-	2. Address-	3. Location-
4. Asset Description-	5. Asset Value-	6. Valuation Method-
7. Date Acquired-	8. Useful Life-	9. Salvage Value-
10. Funding Source- (Expense line item # or Donation)	11. Make & Model Number-	12. Serial Number-

Department Head Signature

Date

Finance Director Signature

Date

TRANSFERS

Department Transferred From

Department Transferred to

Date

Department Head Signature

Department Head Signature

Date

Finance Director Signature

Date

RETIREMENTS

Retirement / Disposal Date:

Method of Disposal:

Department Head Signature:

Date

Finance Director Signature:

Date

**THIS FORM MUST BE COMPLETED BY THE APPROPRIATE DEPARTMENT
HEAD AND SUBMITTED TO THE ACCOUNTING OFFICE AS A
PERMANENT RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.**