FAS-1 Instructions

Part A.	Change in location	Submit to Fixed Asset Officer
	Fixed Asset Number/ Description	Enter the complete fixed asset number and a brief description. Example: FAS9 4/027 IBM 3174 Control Unit
	From - To Building & Room	Enter the building and room number involved in the equipment transfer.
	Effective Date	Enter the date the location change became or is to become effective.

Part B.	Change in description	Submit to Fixed Asset Officer
	Fixed Asset Number	Enter the complete number as described in "A" above.
	Existing Description	Enter description of item as it actually appears on the departmental inventory printout.
	Revised Description	Enter description of item as it SHOULD appear on the departmental inventory printout.

Part C.	Removal from Inventory Records	Submit to Fixed Asset Officer
	Fixed Asset Number	Enter the complete number as described in "A" above.
	Location	Enter current location (this should agree with departmental inventory printout).
	Reason	Indicate the reason for this request by number 1, 2, 3, 4.

1. Cannibalization (Fixed asset that has become unserviceable due to obsolescence or excessive repair costs, but which still has serviceable component parts that can be used to repair, modify or construct other items or equipment).
2. Worn Out (Has become unserviceable through use).
3. Missing or Stolen (Loss or theft of equipment).
4. No Longer Required (Fixed asset that is available for transfer within the department or for surplus sale.)
5. Asset traded-in. (Attached authorization from State Surplus Property)

Part D.	Replacements for defective equipment under warranty	Submit to Fixed Asset Officer
	Fixed Asset Number	Enter the complete number as described in "A" above. A new fixed asset number will be assigned.
	Description	Enter description of item as it actually appears on the departmental inventory printout.
	Serial Number	Serial numbers of defective equipment and replacement equipment.
	Location	Enter current location (this should agree with departmental inventory printout)
	Vendor/Manufacturer	The name of vendor/manufacturer replacing defective equipment.

Requested By:	The form must be signed by the appropriate Division/Section Manager. When approved, a copy of this form will be signed and returned indicating that inventory records have been adjusted. THIS APPROVED FORM MUST BE ATTACHED TO EQUIPMENT THAT IS TO BE SURPLUSED.