

OTHER ITEMS FOR CONSIDERATION:

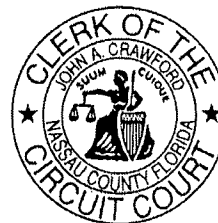
- 1.) Approve attached Deletion from Inventory Forms.

Support: Tab 1 Page A

Tab 1
Page A



John A. Crawford
Clerk of the Circuit Court
Nassau County



MEMORANDUM

To: Cindy Wood, OMB

From: Kari Ulmer, Clerk Financial Services

Date: 6/20/19

Re: Deletion of Inventory

Please present the below Deletion from Inventory request(s) to the Board for approval:
The original forms are attached.

DI #	Asset #	Tag #	Department
19.056	20090250	6376	Property Appraiser
19.057	20011825	2874	Road & Bridge
19.058	20060284	5208	Human Resources
19.059	20140087	7627	Health Dept
19.060	20140105	7645	Health Dept
19.061	20140108	7648	Health Dept
19.062	20070058	5395	Facilities Maint

Thanks

RCVD OMB
19 JUN 21 10:25

DELETION FROM INVENTORY FORM

DI # 2019-056DEPARTMENT: NASSAU COUNTY PROPERTY APPRAISER**TO BE COMPLETED BY DEPARTMENT:**Property Number: 06376 Mileage / Hours if applicable: _____Year/Description: CANON COPIER IR-1025IFSerial/Vin Number: DRL10935 Indicate if a photo is included No

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

BROKEN -END OF LIFE - OUTDATED

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: _____

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: X Indicate how and by whom: SCRAP TO BE RETAINED BY COUNTY

Auction: _____ Where: _____ Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature:  Date: 5/15/19**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20090250 Acquisition Cost: \$1,566.00Acquisition Date: 09/04/2009 Book Value: -0-Financial Services Signature:  Date: 5/29/19**BOARD APPROVAL:**

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

05/28/2019 12:35 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

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ASSET # 20090250	MASTER ASSET		DESCRIPTION		CANON COPIER IR 1025IF	
CLASS	40	MACHINERY & EQU	FUND SOURCE	01		
SUBCL	101	COPY MACHINE	ACQUIS METH	A1	PURCHASE	
COMMODITY						
DEPT	0041	PROPERTY APPRAI	ACQUIS DATE	09/04/2009		
LOC CODE	428	PROPERTY APPR	ACQUIS COST	1,566.00		
LOC MEMO			ACRES	0.000		
ROOM			QTY	1		
STORAGE LOC			UNIT PRICE	0.00		
			PURCH MEMO			
STATUS	A	ACTIVE				
CONDITION	E	EXCELLENT	SOY BOOK	0.00		
CUSTODIAN	PROP APPRAISER		CURRENT BOOK	0.00		
TITLEHOLDER			EST SALVAGE	0.00		
			REPL COST	1,566.00		
TAG # 06376			LAST INVENT			
SERIAL # DRL10935			IMPROVE MEMO			
MANUFACTURER						
MODEL			RETIRE DATE			
MODEL YEAR			DISP CODE			
LICENSE #			DISP PRICE	0.00		
			SALE PRICE	0.00		
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT	

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98051	564000		100.00
5	DEPRECIATION EXPENSE	98051	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-057

DEPARTMENT: Road and Bridge

TO BE COMPLETED BY DEPARTMENT:

Property Number: 2874 - Flt 250 Mileage / Hours if applicable: 98,270

Year/Description: Ford E150 XLT Van

Serial/Vin Number: 1FRMRE11211HB10083 Indicate if a photo is included

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program):

Not reliable and no longer serves a practical purpose.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies:

Indicate how the property will be disposed of:

Trade-In: (Please include trade-in documents)

Destroy: Indicate how and by whom:

Auction: X Where: Govdeals Amount Received:

Other: Please describe:

Department Head Signature: Date: 5-10-19

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20011825 Acquisition Cost: \$22,547.85

Acquisition Date: 07/09/2001 Book Value: -0-

Financial Services Signature: Date: 5/29/19

BOARD APPROVAL:

Board of County Commissioners Chair:

Ex-Officio Clerk to the Board of County Commissioners:

Date:

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: Date:

5/10/19

ASSET # 20011825		MASTER ASSET SOE 178		DESCRIPTION CN#EXT250 VAN - 2001 FORD E150 XLT	
		ADD'L DESC PAUL CLARK FORD MERCURY			
		01061513-564001			
		XLT WAGON			
CLASS	40	MACHINERY & EQU	FUND SOURCE	01	
SUBCL	604	VAN	ACQUIS METH	A1 PURCHASE	MAINT CONT N INSURED N
COMMODITY					VENDOR DESC Vendor Name Mi CARRIER
DEPT	0493	FLEET POOL	ACQUIS DATE	07/09/2001	TYPE G INSURED VAL 0.00
LOC CODE	341	PUBLIC WORKS BU	ACQUIS COST	22,547.85	EXPIRE DATE EXPIRE DATE
LOC MEMO			ACRES	0.000	ANNUAL COST 0.00 POLICY CST 0.00
ROOM			QTY		MEMO MEMO
STORAGE LOC			UNIT PRICE	0.00	
			PURCH MEMO	PAUL CLARK FORD 010615	
STATUS	A	ACTIVE			
CONDITION	E	EXCELLENT	SOY BOOK	0.00	DEPRECIATE Y
CUSTODIAN	DEPT HEAD		CURRENT BOOK	0.00	DEPREC PRIN 22,547.85
TITLEHOLDER			EST SALVAGE	0.00	FIRST YR/PR 2001/10 LAST YR/PR 2006/09
			REPL COST	22,547.85	EST LIFE 5
TAG #	2874		LAST INVENT	07/13/2009	PERIODS TAKEN 60
SERIAL #	1FRMRE11211HB10083		IMPROVE MEMO		ACCUM DEPREC 22,547.85
MANUFACTURER	FORD FORD				
MODEL	E-150		RETIRE DATE		
MODEL YEAR	2001		DISP CODE		
LICENSE #			DISP PRICE		
			SALE PRICE	0.00	
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
4889					22,547.85

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	277101		100.00
5	DEPRECIATION EXPENSE	98057	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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BOARD OF COMMISSIONERS
FIXED ASSET WORKSHEET

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ASSET # 20011825 ✓

MASTER ASSET
ADD'L DESC

SOE 178
PAUL CLARK FORD MERCURY
01061513-564001
XLT WAGON

DESCRIPTION ✓ CN#EXT250 VAN - 2001 FORD E150 XLT

CLASS 40 MACHINERY & EQU
SUBCL 604 VAN
COMMODITY ✓
DEPT 0493 FLEET POOL ✓
LOC CODE 341 PUBLIC WORKS BU
LOC MEMO
ROOM
STORAGE LOC

FUND SOURCE
ACQUIS METH

01
A1 PURCHASE

MAINT CONT N
VENDOR DESC Vendor Name Mi
TYPE G
EXPIRE DATE
ANNUAL COST 0.00
MEMO

INSURED N
CARRIER
INSURED VAL
EXPIRE DATE
POLICY CST
MEMO

0.00

0.00

STATUS A ACTIVE
CONDITION E EXCELLENT
CUSTODIAN DEPT HEAD
TITLEHOLDER

ACQUIS DATE 07/09/2001
ACQUIS COST 22,547.85
ACRES 0.000
QTY
UNIT PRICE 0.00
PURCH MEMO

PAUL CLARK FORD 010615

DEPRECIATE Y
DEPREC PRIN 22,547.85
FIRST YR/PR 2001/10
EST LIFE 5
PERIODS TAKEN 60
ACCUM DEPREC 22,547.85

LAST YR/PR 2006/09

TAG # 2874 ✓
SERIAL # 1FRMRE11211HB10083 ✓
MANUFACTURER FORD ✓
MODEL E-150 ✓
MODEL YEAR 2001 ✓
LICENSE #

SOY BOOK 0.00
CURRENT BOOK 0.00
EST SALVAGE 0.00
REPL COST 22,547.85
LAST INVENT 07/13/2009
IMPROVE MEMO

RETIRE DATE
DISP CODE
DISP PRICE
SALE PRICE 0.00

VEND # 4889
PO #
DOCUMENT #
INVOICE #
INV DATE

INV AMT
22,547.85

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	277101		100.00
5	DEPRECIATION EXPENSE	98057	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-058DEPARTMENT: Human Resources**TO BE COMPLETED BY DEPARTMENT:**Property Number: 05208 Mileage / Hours if applicable: N/AYear/Description: 2006 Dell Latitude D610 LaptopSerial/Vin Number: 1LWLLB1 Indicate if a photo is included _____

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

Computer is obsolete per Information Services. We are not even able to login into as the operating system is too old.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: _____

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: X Indicate how and by whom: Landfill - Norman Kennedy, Information Services

Auction: _____ Where: _____ Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature:  Date: 5/21/2019**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20060284 Acquisition Cost: \$1,429.52Acquisition Date: 09/08/2006 Book Value: -0-Financial Services Signature:  Date: 5/29/19**BOARD APPROVAL:**

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

ASSET # 20060284		MASTER ASSET		DESCRIPTION DELL LATITUDE D610 LAPTOP	
CLASS	40 MACHINERY & EQU	ADD'L DESC	PENTIUM M740		
SUBCL	116 COMPUTER	FUND SOURCE	01		
COMMODITY		ACQUIS METH	A1 PURCHASE	MAINT CONT	Y INSURED N
DEPT	0122 HUMAN RESOURCES	ACQUIS DATE	09/08/2006	VENDOR DESC	Vendor Name Mi CARRIER
LOC CODE	342 HUMAN RESOURCES	ACQUIS COST	1,429.52	TYPE	G INSURED VAL 0.00
LOC MEMO		ACRES	0.000	EXPIRE DATE	EXPIRE DATE
ROOM		QTY	1	ANNUAL COST	0.00 POLICY CST 0.00
STORAGE LOC		UNIT PRICE	0.00	MEMO	MEMO
		PURCH MEMO	DELL 01122513-564000		
STATUS	A ACTIVE				
CONDITION	E EXCELLENT	SOY BOOK	0.00	DEPRECIATE	Y
CUSTODIAN	DEPT HEAD	CURRENT BOOK	0.00	DEPREC PRIN	1,429.52
TITLEHOLDER		EST SALVAGE	0.00	FIRST YR/PR	2006/12 LAST YR/PR 2009/11
		REPL COST	1,429.52	EST LIFE	3
TAG #	5208	LAST INVENT		PERIODS TAKEN	36
SERIAL #	1LWLLB1	IMPROVE MEMO		ACCUM DEPREC	1,429.52
MANUFACTURER	DELL DELL				
MODEL	D610	RETIRE DATE			
MODEL YEAR		DISP CODE			
LICENSE #		DISP PRICE	0.00		
		SALE PRICE	0.00		
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
3618	6001128	P36384060	P36384060	09/08/2006	1,429.52

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	277101		100.00
5	DEPRECIATION EXPENSE	98051	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-059DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 07627 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1QW7HX1 Indicate if a photo is included _____

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

Surplus recycle out of date.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: _____

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: _____ Indicate how and by whom: _____

Auction: _____ Where: _____ Amount Received: _____

Other: X Please describe: Recycling E-ScrapDepartment Head Signature: [Signature] Date: 6/4/19**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140087 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: [Signature] Date: 6/10/19**BOARD APPROVAL:**

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date: _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

ASSET # 20140087	MASTER ASSET		DESCRIPTION	OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01			
SUBCL 116	COMPUTER	ACQUIS METH A1 PURCHASE	MAINT CONT Y	INSURED N	
COMMODITY			VENDOR DESC	Vendor Name Mi	CARRIER
DEPT 0626	HEALTH DEPT-FER	ACQUIS DATE 06/19/2013	TYPE G	INSURED VAL	0.00
LOC CODE 250	HEALTH DEPT F.B	ACQUIS COST 1,125.45	EXPIRE DATE	EXPIRE DATE	
LOC MEMO		ACRES 0.000	ANNUAL COST 0.00	POLICY CST	0.00
ROOM		QTY 1	MEMO	MEMO	
STORAGE LOC		UNIT PRICE 0.00			
		PURCH MEMO DELL			
STATUS A	ACTIVE				
CONDITION E	EXCELLENT	SOY BOOK 0.02	DEPRECIATE Y		
CUSTODIAN	DEPT HEAD	CURRENT BOOK 0.02	DEPREC PRIN 1,125.45		
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR 2013/09	LAST YR/PR	2016/08
		REPL COST 1,125.45	EST LIFE 3		
TAG # 07627		LAST INVENT	PERIODS TAKEN 36		
SERIAL # 1QW7HX1		IMPROVE MEMO	ACCUM DEPREC 1,125.45		
MANUFACTURER DELL DELL					
MODEL OPTIPLEX 7010		RETIRE DATE			
MODEL YEAR		DISP CODE			
LICENSE #		DISP PRICE 0.00			
		SALE PRICE 0.00			

VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
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G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98056	564000		100.00
5	DEPRECIATION EXPENSE	98056	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-060

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

Property Number: 7645 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010 DT

Serial/Vin Number: 3NSZ8Y1 Indicate if a photo is included _____

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

Surplus recycle out of date.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: _____

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: _____ Indicate how and by whom: _____

Auction: _____ Where: _____ Amount Received: _____

Other: X Please describe: Recycling E-Scrap

Department Head Signature: [Signature] Date: 6/4/19

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140105 Acquisition Cost: \$1,047.10

Acquisition Date: 08/19/2013 Book Value: -0-

Financial Services Signature: [Signature] Date: 6/10/19

BOARD APPROVAL:

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

ASSET # 20140105	MASTER ASSET	DESCRIPTION OPTIPLEX 7010
CLASS 40 MACHINERY & EQU	FUND SOURCE 01	
SUBCL 116 COMPUTER	ACQUIS METH A1 PURCHASE	MAINT CONT Y INSURED N
COMMODITY		VENDOR DESC Vendor Name Mi CARRIER
DEPT 0625 HEALTH DEPARTME	ACQUIS DATE 08/19/2013	TYPE G INSURED VAL 0.00
LOC CODE 254 HEALTH DEPT	ACQUIS COST 1,047.10	EXPIRE DATE EXPIRE DATE
LOC MEMO	ACRES 0.000	ANNUAL COST 0.00 POLICY CST 0.00
ROOM	QTY 1	MEMO MEMO
STORAGE LOC	UNIT PRICE 0.00	
	PURCH MEMO DELL	
STATUS A ACTIVE		
CONDITION E EXCELLENT	SOY BOOK 0.04	DEPRECIATE Y
CUSTODIAN DEPT HEAD	CURRENT BOOK 0.04	DEPREC PRIN 1,047.10
TITLEHOLDER	EST SALVAGE 0.00	FIRST YR/PR 2013/11 LAST YR/PR 2016/10
	REPL COST 1,047.10	EST LIFE 3
TAG # 07645	LAST INVENT	PERIODS TAKEN 36
SERIAL # 3NSZ8Y1	IMPROVE MEMO	ACCUM DEPREC 1,047.10
MANUFACTURER DELL DELL		
MODEL OPTIPLEX 7010	RETIRE DATE	
MODEL YEAR	DISP CODE	
LICENSE #	DISP PRICE 0.00	
	SALE PRICE 0.00	

VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
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G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98056	564000		100.00
5	DEPRECIATION EXPENSE	98056	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-061DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7648 Mileage / Hours if applicable: _____Year/Description: Latitude E6540Serial/Vin Number: 7WBXSY1 Indicate if a photo is included _____

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

Surplus recycle out of date.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: _____

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: _____ Indicate how and by whom: _____

Auction: _____ Where: _____ Amount Received: _____

Other: X Please describe: Recycling E-ScrapDepartment Head Signature: [Signature] Date: 6/4/19**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140108 Acquisition Cost: \$1,446.46Acquisition Date: 03/06/2014 Book Value: -0-Financial Services Signature: [Signature] Date: 6/10/19**BOARD APPROVAL:**

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

05/28/2019 12:45 | BOARD OF COMMISSIONERS
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ASSET # 20140108	MASTER ASSET		DESCRIPTION		DELL LATITUDE E6540	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01				
SUBCL 116	COMPUTER	ACQUIS METH A1	PURCHASE	MAINT CONT Y	INSURED N	
COMMODITY			VENDOR DESC	Vendor Name Mi	CARRIER	
DEPT 0625	HEALTH DEPARTME	ACQUIS DATE	03/06/2014	TYPE G	INSURED VAL	0.00
LOC CODE 254	HEALTH DEPT	ACQUIS COST	1,446.46	EXPIRE DATE	EXPIRE DATE	
LOC MEMO		ACRES	0.000	ANNUAL COST	0.00	POLICY CST 0.00
ROOM		QTY 1		MEMO	MEMO	
STORAGE LOC		UNIT PRICE	0.00			
		PURCH MEMO	DELL			
STATUS A	ACTIVE			DEPRECIATE Y		
CONDITION E	EXCELLENT	SOY BOOK	0.00	DEPREC PRIN	1,446.46	
CUSTODIAN	DEPT HEAD	CURRENT BOOK	0.00	FIRST YR/PR	2014/06	LAST YR/PR 2017/05
TITLEHOLDER		EST SALVAGE	0.00	EST LIFE	3	
		REPL COST	1,446.46	PERIODS TAKEN	36	
TAG # 07648		LAST INVENT		ACCUM DEPREC	1,446.46	
SERIAL # 7WBXSY1		IMPROVE MEMO				
MANUFACTURER	DELL DELL					
MODEL	LATITUDE E6540	RETIRE DATE				
MODEL YEAR		DISP CODE				
LICENSE #		DISP PRICE	0.00			
		SALE PRICE	0.00			
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT	

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98056	564000		100.00
5	DEPRECIATION EXPENSE	98056	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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DELETION FROM INVENTORY FORM

DI # 2019-062DEPARTMENT: Facilities Maintenance/Parks & Recreation Dept.**TO BE COMPLETED BY DEPARTMENT:**Property Number: 20070058 Tag 5395 Mileage / Hours if applicable: _____Year/Description: 2007 Air Dehumidifier & CondenserSerial/Vin Number: 0307D17077 Indicate if a photo is included _____

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): _____

Air Humidifier and Condenser was replaced with new equipment May 23, 2019.

If an election was made to offer the property to other governmental units or private nonprofit agencies per Florida Statute 274.05, please indicate which agencies: N/A

Indicate how the property will be disposed of:

Trade-In: _____ (Please include trade-in documents)

Destroy: _____ Indicate how and by whom: _____

Auction: _____ Where: _____ Amount Received: _____

Other: X Please describe: Scrap MetalDepartment Head Signature:  Date: 5-29-19
Doug Podiak**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20070058 Acquisition Cost: \$15,638.00Acquisition Date: 03/02/2007 Book Value: -0-Financial Services Signature:  Date: 5/31/19**BOARD APPROVAL:**

Board of County Commissioners Chair: _____

Ex-Officio Clerk to the Board of County Commissioners: _____

Date: _____

TO BE COMPLETED AFTER DISPOSAL:

Signature of Person Disposing of the Property: _____ Date: _____

ASSET # 20070058		MASTER ASSET		DESCRIPTION AIR DEHUMIDIFIER & CONDENSER	
CLASS	40	MACHINERY & EQU	FUND SOURCE	01	
SUBCL	299	DEHUMIDIFIER	ACQUIS METH	A1 PURCHASE	
COMMODITY					
DEPT	0191	FACILITIES MAIN	ACQUIS DATE	03/02/2007	
LOC CODE	200	HISTORIC COURTH	ACQUIS COST	15,638.00	
LOC MEMO			ACRES	0.000	
ROOM			QTY	1	
STORAGE LOC			UNIT PRICE	0.00	
			PURCH MEMO	NELSON 01192712-564001	
STATUS	A	ACTIVE			
CONDITION	E	EXCELLENT	SOY BOOK	0.06	
CUSTODIAN	DEPT HEAD		CURRENT BOOK	0.06	
TITLEHOLDER			EST SALVAGE	0.00	
			REPL COST	14,437.00	
TAG #	5395		LAST INVENT	07/21/2009	
SERIAL #	0307D17077		IMPROVE MEMO		
MANUFACTURER					
MODEL			RETIRE DATE		
MODEL YEAR			DISP CODE		
LICENSE #			DISP PRICE	0.00	
			SALE PRICE	0.00	
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
10700	6001246	609060N	609060N	03/02/2007	14,437.00

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	277101		100.00
5	DEPRECIATION EXPENSE	98080	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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05/30/2007
09:37 CK

BOARD OF COMMISSIONERS
FIXED ASSET WORKSHEET

PG 1
famstmnt

HCH

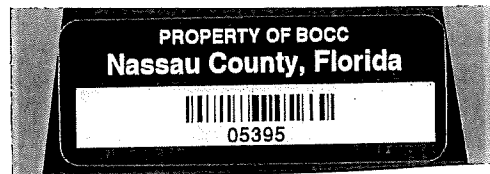
ASSET # 20070058	MASTER ASSET	DESCRIPTION	AIR DEHUMIDIFIER & CONDENSER
CLASS 40 MACHINERY	FUND SOURCE 01 CURRENT BU	MAINT CONT Y	INSURED N
SUBCL 299	ACQUIS METH A1 PURCHASE	VENDOR DESC Vendor Name Mi	CARRIER ✓
COMMODITY	ACQUIS DATE 03/02/2007	TYPE G	INSURED VAL 0.00
DEPT 0191 MAINTENANCE	ACQUIS COST 14,437.00	EXPIRE DATE	EXPIRE DATE
LOC CODE 200 HISTORIC COURTH	ACRES 0.000	ANNUAL COST 0.00	POLICY CST 0.00
LOC MEMO	QTY 1	MEMO	MEMO
ROOM	UNIT PRICE 0.00		
STORAGE LOC	PURCH MEMO NELSON 01192712-564001		
STATUS N NEW		DEPRECIATE Y	
CONDITION E EXCELLENT	SOY BOOK 14,437.00	DEPREC PRIN 14,437.00	
CUSTODIAN DEPT HEAD	CURRENT BOOK 14,437.00	FIRST YR/PR 2007/06	LAST YR/PR /00
TITLEHOLDER	EST SALVAGE 0.00	EST LIFE 10	
	REPL COST 14,437.00	PERIODS TAKEN 0	
TAG # 5395	LAST INVENT	ACCUM DEPREC 0.00	
SERIAL # 0307D17077	IMPROVE MEMO		
MANUFACTURER		VEND # PO # INV # INV DATE INV AMT	
MODEL	RETIRE DATE	10700 ***** 609060N 03/02/2007 14,437.00	
MODEL YEAR	DISP CODE		
LICENSE #	SELL PRICE 0.00	6001246	

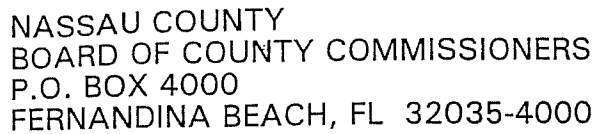
G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	27101		100.00
5	DEPRECIATION EXPENSE	98080	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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cm 1459

60001246-00

FEDERAL IDENTIFICATION NUMBER:
59-1863042

GIA

Vendor

JACKSONVILLE, FL 32216



CALLAHAN, FL

32011

Date Ordered	Vendor Number	Date Required	Freight Method/Terms	Department/Location
12/12/06	010700			MAINTENANCE-COURTHOUSE
Item#	Description/Part No.	Unit/Qty	Cost Each	Extended Price
	GIA			
	ROLL OVER FROM 05/06 TO 06/07			
	HISTORIC COURTHOUSE GRANTS-IN-AID			
	BLACK MOLD CLEAN UP			
001	OUTSIDE AIRE DEHUMIDIFIER	1.0 EA	9263.00000	9,263.00
	01192712.564001.CFGIA ✓ 9,263.00			
002	REMOTE CONDENSER	1.0 EA	4943.00000	4,943.00
	01192712.564001.CFGIA ✓ 4,943.00			
003	SENSOR ASSY	1.0 EA	78.00000	78.00
	01192712.564001.CFGIA - 78.00			
004	5 YR COMPRESSOR WARRENTY	1.0 EA	254.00000	254.00
	01192712.564001.CFGIA ✓ 254.00			
005	START-UP ASSISTANCE BY CST	1.0 EA	800.00000	800.00
	01192712.564001.CFGIA - 800.00			
006	FREIGHT	1.0 EA	300.00000	300.00
	01192712.564001.CFGIA ✓ 300.00			
	PO Total			15,638.00
	INV# 0609060N			(14437.00)
				\$ 1201.00
	Please close PO			
				2/9/07

RECEIVED IN GOOD ORDER
BY: *Donal Lahn*

DATE 2-9-07

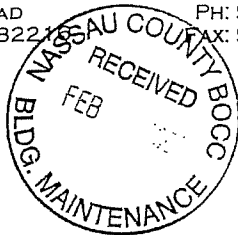
Vendor Invoice #

Voucher #

NELSON & COMPANY, Inc.
ENGINEERED EQUIPMENT

MAN ROAD
VILLE, FL 32216

PH: 904.807.9899
FAX: 904.483.3005



RECEIVED

FEB 07 2007

Nassau County
Building Maintenance Dept

Invoice

Date	Invoice #
1/29/2007	0609060N

Bill To:

Nassau County Courthouse
Board of County Commissioners
P.O. Box 4000
Fernandina Beach, FL 32035-4000

Nassau County Maintenance D
45195 Musslewhite Road
Callahan, FL 32011

P.O. Number	Terms	Ship Date	F.O.B.	Due Date	Project
60001246-00	Net 30	1/22/2007	Factory	2/28/2007	0609060N Nassau Cty Courthouse

Quantity	Description	Amount
1	OA unit, condenser, sensor assy	14,437.00
<p>FEB 12 2007</p> <p>DATE FORWARDED</p> <p>TO: <u>Ted Selby</u></p> <p>Approved For Payment <u>Daniel Salmo</u> Building Maint. Director 01192712-564001 Interest - 1.5% per month charged <u>GFGIA</u> Beginning 30 days after Invoice Date</p> <p>FORWARDED TO FINANCE: <u>FEB 09 2007</u></p>		

Thank you for your business.

Balance due \$14,437.00

PICKING TICKET

10/20/06

ire Corp
SLESKE CT
JKEE, WI 53223

4-357-7400



ORDER NO. ORDER DATE CUSTOMER NO. PAGE #
35813 10/12/06 000000057980 1

CUSTOMER PO NUMBER _____ JOB NO.
0609060N/F

SHIP VIA
COMMERCIAL TRK

SHIP DATE
01/19/07

SHIPPING INSTRUCTIONS
48HR NOTICE TIM 904-548-4688
TAG: DU-1/C-1

TERMS
NET 30 DAYS

PROJECT: NASSAU COUNTY COURTHOUSE

BILL TO:
NELSON & COMPANY
1622 HICKMAN RD

JACKSONVILLE, FL 32216

SHIP TO:
NASSAU COUNTY COURTHOUSE
BUILDING MAINTENANCE
45195 MUSSELWHITE RD
CALLAHAN, FL 32011

QTY. ORDERED	REQ. DATE	ITEM NUMBER/DESCRIPTION	UOM	PICK SEQ.	QTY. TO SHIP	QTY. PICKED
✓ 1.00	01/19/07	QV04A7UNALN000L QV-04 OUTSIDE AIR SYSTEM 208/3/60 SERIAL # 0307 D 170 27 RT 1	EA		1.00	1.00
✓ 1.00	01/19/07	CA147NR0S CONTROLS QV-ROOM STRATEGY 420-017/-035, 015, 430-006	EA		1.00	1.00
✓ 1.00	01/09/07	ROC0004A2F REMOTE OUTDOOR CONDENSER 208-230/1/60V SERIAL # -	EA		1.00	1.00
✓ 1.00	01/19/07	WARRANTY 5 YEAR COMPRESSOR	EA		1.00	1.00
✓ 1.00	01/19/07	FREIGHT OUTBOUND FREIGHT INCLUDED	EA		1.00	1.00

All Line Items Picked

3 boxes
Dennis M.

MISCELLANEOUS CHARGES
.00

FREIGHT CHARGES
.00