			DI#
DEPARTMENT:	SUPERVISOR OF ELE	CTIONS	,
TO BE COMPLETI	ED BY DEPARTMEN	<u>r:</u>	
Property Number:	#05939	Mileage / Hours if applicable:	
Year/Description:	2008 Okidata C9600 Las	er Printer	
Serial/Vin Number:	AF77020374BO	Indicate if a photo is included No	
Describe the reason for c	deletion (Include replaceme	nt criteria if part of the Fleet Replacement Program):	Equipment no longer needed.
indicate which agencies:	Property was purchased value had a need for the printer	r governmental units or private nonprofit agencies per l vith Help America Vote Act grant funds; although offe r.	
	(Please include trade-in o	locuments)	
	Indicate how and by who	•	
Auction:	Where:	Amount Receive	ed:
Other: X	Please describe:	Transfer to Bradford County Supervisor of Elections	Office
Department Head Signat	ture:	mon Date:	17/17
TO BE COMPLETE	ED BY FINANCIAL SI	· ·	l
Asset Number:		Acquisition Cost:	
Acquisition Date:		Book Value:	
		,	
Financial Services Signa	ature:	Date:	
BOARD APPROVA	<u>L:</u>		
Board of County Commi	ssioners Chair:		
Ex-Officio Clerk to the E	Board of County Commission	oners:	
O BE COMPLETE	ED AFTER DISPOSAL	Date	
Signatura of Person Digr	posing of the Property		Date

		DI #
DEPARTMENT:	SUPERVISOR OF ELECTIONS	
TO BE COMPLET	ED BY DEPARTMENT:	
Property Number:	#05940	Mileage / Hours if applicable:
Year/Description:	2008 Okidata C9600 Laser Printer	
Serial/Vin Number:	AF77008500BO	Indicate if a photo is included No
Describe the reason for	deletion (Include replacement criteria i	if part of the Fleet Replacement Program): Equipment no longer needed.
indicate which agencies	: Property was purchased with Help A hey had a need for the printer.	ental units or private nonprofit agencies per Florida Statute 274.05, please America Vote Act grant funds; although offered to Nassau County agencies, no
	(Please include trade-in documents)	
Destroy:	Indicate how and by whom:	·
Auction:	Where:	Amount Received:
Other: X	Please describe: Transfer	to Bradford County Supervisor of Elections Office
Department Head Signa	ture: ED BY FINANCIAL SERVICES	Date: 9/7/17
Asset Number:		Acquisition Cost:
Acquisition Date:		
Financial Services Sign	ature:	Date:
BOARD APPROVA	<u>.L:</u>	
Board of County Comm	issioners Chair:	
Ex-Officio Clerk to the	Board of County Commissioners:	
ГО BE COMPLETI	ED AFTER DISPOSAL:	Date
Signature of Person Dis	sposing of the Property:	Date:

			DI#
DEPARTMENT:	SUPERVISOR OF ELECTIONS		
TO BE COMPLET	ED BY DEPARTMENT:		
Property Number:	#05941	Mileage / Hours if applicable:	
Year/Description:	2008 Okidata C9600 Laser Printer		
Serial/Vin Number:	AF77020353BO	Indicate if a photo is included No	
Describe the reason for	deletion (Include replacement criteria	if part of the Fleet Replacement Program): Equip	oment no longer needed.
indicate which agencies		nental units or private nonprofit agencies per Florida Stat America Vote Act grant funds; although offered to Nass	
Indicate how the proper	ty will be disposed of:		
Γrade-In:	(Please include trade-in documents	s)	
Destroy:	Indicate how and by whom:		,
Auction:	Where:	Amount Received:	
Other: X	Please describe: Transfer	r to Marion County Supervisor of Elections Office	
Department Head Signa	ture: LOKE F	Cannol Date: 9/7/17	
Asset Number:		Acquisition Cost:	
		-	
Acquisition Date:		Book value:	
Financial Services Sign	ature:	Date:	
BOARD APPROVA	<u>.L:</u>		
Board of County Comm	issioners Chair:	-	
Ex-Officio Clerk to the	Board of County Commissioners:		
TO BE COMPLET	ED AFTER DISPOSAL:	Date	
Signature of Person Dis	posing of the Property:		Date:

		DI#
DEPARTMENT:	SUPERVISOR OF ELECTIONS	
TO BE COMPLET	ED BY DEPARTMENT:	
Property Number:	#05942	Mileage / Hours if applicable:
Year/Description:	2008 Okidata C9600 Laser Printer	
Serial/Vin Number:	AF77020362BO	Indicate if a photo is included No
Describe the reason for	deletion (Include replacement criteria	if part of the Fleet Replacement Program): Equipment no longer needed.
indicate which agencies agency responded that t	s: Property was purchased with Help hey had a need for the printer.	nental units or private nonprofit agencies per Florida Statute 274.05, please America Vote Act grant funds; although offered to Nassau County agencies, no
Indicate how the proper		.
Trade-In:	(Please include trade-in documents	s)
Destroy:	Indicate how and by whom:	
Auction:	Where:	Amount Received:
Other: X	Please describe: <u>Transfer</u>	r to Marion County Supervisor of Elections Office
Department Head Signa	eture: ED BY FINANCIAL SERVICE	nor Date: 9/7/17
Asset Number:		Acquisition Cost:
Acquisition Date:		Book Value:
Financial Services Sign	nature:	Date:
BOARD APPROVA	AL:	
Board of County Comm	nissioners Chair:	
Ex-Officio Clerk to the	Board of County Commissioners:	
TO BE COMPLET	ED AFTER DISPOSAL:	Date
Signature of Person Dis	sposing of the Property:	Date: