

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: 11/14/18

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
19.001	20101218	6569	Health Dept
19.002	20130327	7394	Health Dept
19.003	20140084	7624	Health Dept
19.004	20140089	7629	Health Dept
19.005	20140091	7631	Health Dept
19.006	20140095	7635	Health Dept
19.007	20140097	7637	Health Dept
19.008	20140098	7638	Health Dept
19.009	20140100	7640	Health Dept
19.010	20140099	7639	Health Dept
19.011	20140101	7641	Health Dept
19.012	20140119	7659	Health Dept
19.013	20140109	7649	Health Dept
19.014	20160042	8713	Health Dept

Thanks

DELETION FROM INVENTORY FORM

DI #2019-001

DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 6569 Mileage / Hours if applicable: _____Year/Description: Latitude E6500Serial/Vin Number: 4LQNVLI 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Surplus recycle out of date.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: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20101218 Acquisition Cost: \$1,289.90Acquisition Date: 09/30/2010 Book Value: -0-Financial Services Signature: [Signature] Date: 10/24/18**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 # 20101218	MASTER ASSET		DESCRIPTION	COMPUTER-DELL LATITUDE E6500	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01	MAINT CONT	Y	INSURED N
SUBCL 116	COMPUTER	ACQUIS METH A1 PURCHASE	VENDOR DESC	Vendor Name Mi	CARRIER
COMMODITY			TYPE	G	INSURED VAL 0.00
DEPT 0624	ENVIRONMENTAL H	ACQUIS DATE 09/30/2010	EXPIRE DATE		EXPIRE DATE
LOC CODE 255	ENVIRONMENTAL H	ACQUIS COST 1,289.90	ANNUAL COST	0.00	POLICY CST 0.00
LOC MEMO		ACRES 0.000	MEMO		MEMO
ROOM		QTY 1			
STORAGE LOC		UNIT PRICE 0.00			
		PURCH MEMO			
STATUS A	ACTIVE		DEPRECIATE	Y	
CONDITION E	EXCELLENT	SOY BOOK 0.00	DEPREC PRIN	1,289.90	
CUSTODIAN	DEPT HEAD	CURRENT BOOK 0.00	FIRST YR/PR	2010/12	LAST YR/PR 2013/11
TITLEHOLDER		EST SALVAGE 0.00	EST LIFE	3	
		REPL COST 1,289.90	PERIODS TAKEN	36	
TAG # 06569		LAST INVENT	ACCUM DEPREC	1,289.90	
SERIAL # 4LQNVLL		IMPROVE MEMO			
MANUFACTURER	DELL DELL				
MODEL	LATITUDE E6500	RETIRE DATE			
MODEL YEAR	2010	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 # 2019-002

DEPARTMENT: Health Department

2018 OCT 17 PM 4:50

TO BE COMPLETED BY DEPARTMENT:

Property Number: 7394 Mileage / Hours if applicable: _____

Year/Description: LATITUDE E6530

Serial/Vin Number: 3PCTJX1 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: J Thomas Date: 10/18/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20130327 Acquisition Cost: \$1,029.10

Acquisition Date: 05/22/2013 Book Value: -0-

Financial Services Signature: Kari Ullmer Date: 10/24/18

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 # 20130327	MASTER ASSET		DESCRIPTION		LATITUDE E6530	
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 05/22/2013		TYPE G		INSURED VAL 0.00
LOC CODE 254	HEALTH DEPT	ACQUIS COST 1,029.10		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 0.09		DEPRECIATE Y		
CUSTODIAN	DEPT HEAD	CURRENT BOOK 0.09		DEPREC PRIN 1,029.10		
TITLEHOLDER		EST SALVAGE 0.00		FIRST YR/PR 2013/08	LAST YR/PR	2016/07
		REPL COST 1,029.10		EST LIFE 3		
TAG # 07394		LAST INVENT		PERIODS TAKEN 36		
SERIAL # 3PCTJX1		IMPROVE MEMO		ACCUM DEPREC 1,029.10		
MANUFACTURER DELL	DELL					
MODEL E6530		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 FORMDI # 2019-003DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7624 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1QG9HX1 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: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140084 Acquisition Cost: \$1,125.45Acquisition Date: 06/19.2013 Book Value: -0-Financial Services Signature: [Signature] Date: 10/24/18**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 # 20140084	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 # 07624	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1QG9HX1	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 # 2019-004DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7629 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1R17HX1 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: J Thomas Date: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140089 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: Kari Wimer Date: 10/24/18**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 # 20140089	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 0627 HEALTH DEPT-YUL	ACQUIS DATE 06/19/2013	TYPE G	INSURED VAL 0.00
LOC CODE 251 HEALTH DEPT - Y	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 # 07629	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1R17HX1	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 #2019-005

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

2018 OCT 17 PM 4:50

Property Number: 7631 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010

Serial/Vin Number: 1R98HX1 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: Thomas Date: 8/16/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140091 Acquisition Cost: \$1,125.45

Acquisition Date: 06/19/2013 Book Value: -0-

Financial Services Signature: Xaci Kemer Date: 10/24/18

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 # 20140091	MASTER ASSET		DESCRIPTION	OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01	MAINT CONT	Y	INSURED N
SUBCL 116	COMPUTER	ACQUIS METH A1 PURCHASE	VENDOR DESC	Vendor Name Mi	CARRIER
COMMODITY			TYPE	G	INSURED VAL 0.00
DEPT 0627	HEALTH DEPT-YUL	ACQUIS DATE 06/19/2013	EXPIRE DATE		EXPIRE DATE
LOC CODE 251	HEALTH DEPT - Y	ACQUIS COST 1,125.45	ANNUAL COST	0.00	POLICY CST 0.00
LOC MEMO		ACRES 0.000	MEMO		MEMO
ROOM		QTY 1			
STORAGE LOC		UNIT PRICE 0.00			
		PURCH MEMO DELL			
STATUS A	ACTIVE		DEPRECIATE	Y	
CONDITION E	EXCELLENT	SOY BOOK 0.02	DEPREC PRIN	1,125.45	
CUSTODIAN	DEPT HEAD	CURRENT BOOK 0.02	FIRST YR/PR	2013/09	LAST YR/PR 2016/08
TITLEHOLDER		EST SALVAGE 0.00	EST LIFE	3	
		REPL COST 1,125.45	PERIODS TAKEN	36	
TAG # 07631		LAST INVENT	ACCUM DEPREC	1,125.45	
SERIAL #	1R98HX1	IMPROVE MEMO			
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 # 2019-006

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

Property Number: 7635 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010

Serial/Vin Number: 1RF8HX1 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: 10/16/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140095 Acquisition Cost: \$1,125.45

Acquisition Date: 06/19/2013 Book Value: -0-

Financial Services Signature: [Signature] Date: 10/6/18

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: _____

10/24/2018 09:39 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

| P 1
| famstmnt

ASSET # 20140095	MASTER ASSET		DESCRIPTION OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01		
SUBCL 116	COMPUTER	ACQUIS METH A1	PURCHASE	
COMMODITY			MAINT CONT Y	INSURED N
DEPT 0626	HEALTH DEPT-FER	ACQUIS DATE 06/19/2013	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 250	HEALTH DEPT F.B	ACQUIS COST 1,125.45	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		
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 # 07635		LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RF8HX1		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 # 2019-007DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7637 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1RJ7HX1 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: J Thomas Date: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140097 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: Kari Wemer Date: 10/24/18**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 # 20140097	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 0627 HEALTH DEPT-YUL	ACQUIS DATE 06/19/2013	TYPE G	INSURED VAL 0.00
LOC CODE 251 HEALTH DEPT - Y	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 # 07637	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RJ7HX1	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 # 2019-008DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7638 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1RJ8HX1 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: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140098 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: [Signature] Date: 10/18/18**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: _____

10/24/2018 09:39 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

| P 1
| famstmnt

ASSET # 20140098	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 0627 HEALTH DEPT-YUL	ACQUIS DATE 06/19/2013	TYPE G	INSURED VAL 0.00
LOC CODE 251 HEALTH DEPT - Y	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 # 07638	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RJ8HX1	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 # 2019-009

DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7640 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1RR9HX1 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: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140100 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: [Signature] Date: 10/24/18**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 # 20140100	MASTER ASSET		DESCRIPTION OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01		
SUBCL 116	COMPUTER	ACQUIS METH A1	PURCHASE	
COMMODITY			MAINT CONT Y	INSURED N
DEPT 0626	HEALTH DEPT-FER	ACQUIS DATE 06/19/2013	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 250	HEALTH DEPT F.B	ACQUIS COST 1,125.45	TYPE G	INSURED VAL 0.00
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 # 07640		LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RR9HX1		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 # 2019-010DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7639 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1RN7HX1 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: ☒ Please describe: Recycling E-ScrapDepartment Head Signature: [Signature] Date: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140099 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: [Signature] Date: 10/6/18**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 # 20140099	MASTER ASSET		DESCRIPTION OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01		
SUBCL 116	COMPUTER	ACQUIS METH A1	PURCHASE	
COMMODITY			MAINT CONT Y	INSURED N
DEPT 0627	HEALTH DEPT-YUL	ACQUIS DATE 06/19/2013	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 251	HEALTH DEPT - Y	ACQUIS COST 1,125.45	TYPE G	INSURED VAL 0.00
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 # 07639		LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RN7HX1		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 #2019-011

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

Property Number: 7641 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010

Serial/Vin Number: 1RT6HX1 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: ☒ Please describe: Recycling E-Scrap

Department Head Signature: [Signature] Date: 10/16/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140101 Acquisition Cost: \$1,125,45

Acquisition Date: 06/19/2013 Book Value: -0-

Financial Services Signature: [Signature] Date: 10/24/18

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: _____

10/24/2018 09:40 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

| P 1
| famstmt

ASSET # 20140101	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 # 07641	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1RT6HX1	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 #2019-012

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

Property Number: 7659 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010

Serial/Vin Number: H724CY1 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: 10/16/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140119 Acquisition Cost: \$767.50

Acquisition Date: 10/08/2013 Book Value: -0-

Financial Services Signature: [Signature] Date: 10/24/18

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: _____

10/24/2018 09:41 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

| P 1
| famstmnt

ASSET # 20140119	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 0629 HEALTH DEPT-HIL	ACQUIS DATE 10/08/2013	TYPE G	INSURED VAL 0.00
LOC CODE 253 HEALTH DEPT-HIL	ACQUIS COST 767.50	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 0.00	DEPRECIATE Y	
CUSTODIAN DEPT HEAD	CURRENT BOOK 0.00	DEPREC PRIN 767.50	
TITLEHOLDER	EST SALVAGE 0.00	FIRST YR/PR 2014/01	LAST YR/PR 2016/12
	REPL COST 767.50	EST LIFE 3	
TAG # 07659	LAST INVENT	PERIODS TAKEN 36	
SERIAL # H724CY1	IMPROVE MEMO	ACCUM DEPREC 767.50	
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 # 2019-013

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

2018 OCT 17 PM 4:49

Property Number: 7649 Mileage / Hours if applicable: _____

Year/Description: OPTIPLEX 7010

Serial/Vin Number: H715CY1 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: 10/16/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20140109 Acquisition Cost: \$767.50

Acquisition Date: 10/08/2013 Book Value: -0-

Financial Services Signature: [Signature] Date: 10/24/18

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 # 20140109	MASTER ASSET		DESCRIPTION OPTIPLEX 7010	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01		
SUBCL 116	COMPUTER	ACQUIS METH A1	PURCHASE	
COMMODITY		MAINT CONT Y	INSURED N	
DEPT 0629	HEALTH DEPT-HIL	ACQUIS DATE 10/08/2013	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 253	HEALTH DEPT-HIL	ACQUIS COST 767.50	TYPE G	INSURED VAL 0.00
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 0.00	DEPRECIATE Y	
CUSTODIAN	DEPT HEAD	CURRENT BOOK 0.00	DEPREC PRIN 767.50	
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR 2014/01	LAST YR/PR 2016/12
		REPL COST 767.50	EST LIFE 3	
TAG # 07649		LAST INVENT	PERIODS TAKEN 36	
SERIAL # H715CY1		IMPROVE MEMO	ACCUM DEPREC 767.50	
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 # 2019-014DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 8713 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: DFH9H72 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: 10/16/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20160042 Acquisition Cost: \$1,275.00Acquisition Date: 01/14/2016 Book Value: \$141.66Financial Services Signature: [Signature] Date: 10/24/18**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 # 20160042	MASTER ASSET		DESCRIPTION	DELL LATITUDE E6540	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01			
SUBCL 116	COMPUTER	ACQUIS METH A1	MAINT CONT Y	INSURED N	
COMMODITY		PURCHASE	VENDOR DESC	Vendor Name Mi	CARRIER
DEPT 0629	HEALTH DEPT-HIL	ACQUIS DATE 01/14/2016	TYPE G	INSURED VAL	0.00
LOC CODE 253	HEALTH DEPT-HIL	ACQUIS COST 1,275.00	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 531.22	DEPRECIATE Y		
CUSTODIAN	DEPT HEAD	CURRENT BOOK 141.66	DEPREC PRIN	1,275.00	
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR	2016/04	LAST YR/PR 2018/11
		REPL COST 1,275.00	EST LIFE	3	
TAG # 08713		LAST INVENT	PERIODS TAKEN	32	
SERIAL # DFH9H72		IMPROVE MEMO	ACCUM DEPREC	1,133.34	
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
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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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