

RESOLUTIONS:

1.)	Fund:	General	Amount: \$	330.00
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Explanation: Budget Amendment in the General Fund for donations received by the Nassau County Library System.

Support: Tab 1 Page A

OTHER ITEMS FOR CONSIDERATION:

1.) Approve attached Deletion from Inventory Forms.

Support: **Tab** 2 **Page** A

Tab 1
Page A

RESOLUTION 2019-

WHEREAS the General Fund has received donations for the Nassau County Library System.

WHEREAS this revenue was not anticipated in the 2018/2019 budget year by the fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the _____ day of _____, 2019 the following budget amendment pursuant to Florida Statutes Chapter 129.06 be adopted:

REVENUE

01712571-366911	Donations	\$ 330
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APPROPRIATION

01712571-566100	Books & Materials	\$ 330
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ADOPTED this _____ day of _____, 2019.

ATTEST:

CHAIR

EX-OFFICIO CLERK

CW
1/7/19

NCPLS
H/S

SUNTRUST

ACH RT 061000104

DATE

12/27/18



Thank you for banking with SunTrust

Access your account information using
Online and Mobile banking or by calling
us at 800.SunTrust (800.786.8787)

PD 12/28/2018 15:57 # 234
CD 12/28/2018 038 2340233 0012

Deposit \$825.00
Chk/Sav/MMA XXXXXX3503

All deposits are subject to verification
and collection from the issuing bank.

Use alerts and Online or Mobile Banking to
check your Available Balance so that you
have the freedom to spend with confidence.

76347 VETERANS WAY, SUITE 4000 YULEE, FL 32097

05 00631021521

0

BOARD OF COUNTY COMMISSIONERS
OF NASSAU COUNTY
LIBRARY DEPARTMENT

	DOLLARS	CENTS
CURRENCY	821	00
COIN	4	00
LIST EACH CHECK		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
\$	825	00

PLEASE ENTER TOTAL

PLEASE BE SURE ALL ITEMS
ARE PROPERLY ENDORSED.
DEPOSITS MAY NOT BE AVAILABLE
FOR IMMEDIATE WITHDRAWAL.

TOTAL ITEMS

63-215/631

Cindy,
Please process a
BUA for the attached
donations

RCVD COUNTY WCR
31 DEC '18 PM 4:48

01712571- 566100 \$330.00

DATE: 12/28/18

FISCAL YEAR: 18/19

If Cash the amount shown in "Cash" above does not balance to "Deposit," an explanation must be provided in the space below.

Claire Shepherd

12/28/18

Ans M. Beasome 12/28/18

Sub-Total	\$	1,580.00
Grand Total	\$	2,405.00

**Deposit Detail (By Deposit) Report**
Fifth Third Bank - Electronic Deposit Manager

Report Created on 12/28/2018 9:12:37 AM by QI5WL00A

Presenter: NASSAU COUNTY BOARD OF COUNTY

Date Range: 12/28/2018 - 12/28/2018

Location(s): Fernandina Library

Account(s):

Research Id	Aux On Us	Transit Routing	Account Number	Process Control	Amount
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*Location: Fernandina Library ~ Acct: NASSAU COUNTY BOARD OF COUNTY**User: QI5WL00A ~ Item Count: 23 ~ Deposit Amount: \$1,580.00**Processed: 12/28/2018 ~ Acknowledged: 12/28/2018 9:13 AM ~ Posted: 12/28/2018*

3-1		600	\$1,580.00
3-2		00187	(\$45.00)
3-3		5182	(\$45.00)
3-4		00447	(\$45.00)
3-5		6330	(\$90.00)
3-6		7587	(\$45.00)
3-7		0257	(\$20.00)
3-8		0145	(\$135.00)
3-9		01116	(\$100.00)
3-10		2352	(\$45.00)
3-11		8095	(\$90.00)
3-12		02618	(\$35.00)
3-13		2460	(\$35.00)
3-14		0228	(\$200.00)
3-15		3966	(\$130.00)
3-16		3159	(\$35.00)
3-17		00107	(\$45.00)
3-18		0781	(\$125.00)
3-19		0278	(\$90.00)
3-20			(\$45.00)
3-21		1011	(\$45.00)
3-22		01813	(\$90.00)
3-23	00410187		(\$45.00)

Total Item Count: 23 ~ Total Deposit Amount: \$1,580.00

DONATION RECORDS

DONATION RECORD (MONETARY)

Donor's Name: Mary Fisher & Wayne Hancock Fund

IN HONOR OF: _____

Address: 7910 Shawnee Run Road

Address: _____

City, St., Zip Code: Cincinnati, OH 45243

City, St., Zip Code: _____

Date of Donation: 12/16/2018

Donation Amount: \$200.00 Cash

Check #

228

Donation Purpose: Books/Materials for the FB Branch Library

Recv'd By: Janet Loveless

DONATION RECORDS

DONATION RECORD (MONETARY)

Donor's Name: Richard R Billings

IN HONOR OF: _____

Address: 96216 Marsh Lakes Dr.

Address: _____

City, St., Zip Code: Fernandina Beach, FL 32034

City, St., Zip Code: _____

Date of Donation: 12/26/2018

Donation Amount: \$ 130.00 Cash

Check #

3966

Donation Purpose: Books/Materials FB Branch

MARY FISHER & W WAYNE HANCOCK FND
MARY H FRITZSCHE, TTEE

09-12

228

21-10/830
077

12/16/18

Date

Pay to the
Order of Nassau County Public Library
Fernandina Beach Branch
Two Hundred and NO

\$ 200.00

Dollars



PNC Bank, N.A. 050

For

Mary H. Fritzsch

⑆083000108⑆

0228

Harland Clarke

RICHARD R BILLINGS
MARIE S BILLINGS
96216 MARSH LAKES DR
FERNANDINA BEACH FL 32034-6843

3966

63-4/530 FL
11019

Dec 26, 2018
DATE

PAY TO THE ORDER OF Nassau County Board of Commissioners
ONE Hundred THIRTY \$ 00

\$ 130.00

DOLLARS



Bank of America

ACH R/T 063100277

DONATION 2018

⑆063000047⑆

Wealth Management Banking

Richard R. Billings

⑆3966

Tab 2
Page A



John A. Crawford
Clerk of the Circuit Court
Nassau County



MEMORANDUM

To: Cindy Wood, OMB

From: Kari Ulmer, Clerk Financial Services

Date: 1/7/19

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
19.023	20090041	6176	Library
19.024	20090038	6177	Library
19.025	20090033	6171	Library
19.026	20170114	9163	Building Dept
19.027	20140090	7630	Health Dept
19.028	20160283	9013	Facilities Maint
19.029	20030231	2045	Facilities Maint
19.030	20090125	6254	Facilities Maint
19.031	20011383	2038	Facilities Maint
19.032	20101178	6530	Health Dept
19.035	20110073	6767	Road & Bridge
19.036	20020246	2476	Solid Waste

Thanks

19.033 & 19.034
are in FP 2019-05
CW

RECD COUNTY MOR
8 JAN '19 AM 7:57

DELETION FROM INVENTORY FORM

DI #2019-023

DEPARTMENT: Library - HLD

TO BE COMPLETED BY DEPARTMENT:

Property Number: 06176 Mileage / Hours if applicable: _____

Year/Description: 2009, Dell Optiplex 755

Serial/Vin Number: 9B9VJ71 Indicate if a photo is included _____

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

Obsolete

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: Convenience Recycle Center

Department Head Signature: [Signature] Date: 11/9/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20090041 Acquisition Cost: \$993.76

Acquisition Date: 03/20/2009 Book Value: -0-

Financial Services Signature: [Signature] Date: 11/19/18

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 # 20090041	MASTER ASSET		DESCRIPTION	DELL OPTIPLEX 755 SMALL FORM	
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 0711	LIBRARIES	ACQUIS DATE 03/20/2009	TYPE G	INSURED VAL	0.00
LOC CODE 776	LIBRARY - HILLI	ACQUIS COST 993.76	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	01712571-564000			
STATUS A	ACTIVE		DEPRECIATE Y		
CONDITION E	EXCELLENT	SOY BOOK 0.00	DEPREC PRIN	993.76	
CUSTODIAN	DEPARTMENT HEAD	CURRENT BOOK 0.00	FIRST YR/PR	2009/06	LAST YR/PR 2012/05
TITLEHOLDER		EST SALVAGE 0.00	EST LIFE 3		
		REPL COST 993.76	PERIODS TAKEN	36	
TAG # 06176		LAST INVENT 07/16/2009	ACCUM DEPREC	993.76	
SERIAL # 9B9VJ71		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
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G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98057	564000		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 #2019-024

DEPARTMENT: Library-CAL

TO BE COMPLETED BY DEPARTMENT:

Property Number: 06177 Mileage / Hours if applicable: _____

Year/Description: 2009, Dell Optiplex 755

Serial/Vin Number: 6B9VJ71 Indicate if a photo is included _____

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

Obsolete

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: Convenience Recycle Center

Department Head Signature: [Signature] Date: 11/9/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20090038 Acquisition Cost: \$993.76

Acquisition Date: 03/20/2009 Book Value: -0-

Financial Services Signature: [Signature] Date: 11/19/18

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 # 20090038	MASTER ASSET		DESCRIPTION	DELL OPTIPLEX 755 SMALL FORM	
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 0711	LIBRARIES	ACQUIS DATE 03/20/2009	EXPIRE DATE		EXPIRE DATE
LOC CODE 777	LIBRARY - CALLA	ACQUIS COST 993.76	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 01712571-564000			
STATUS A	ACTIVE		DEPRECIATE	Y	
CONDITION E	EXCELLENT	SOY BOOK 0.00	DEPREC PRIN		993.76
CUSTODIAN	DEPARTMENT HEAD	CURRENT BOOK 0.00	FIRST YR/PR	2009/06	LAST YR/PR 2012/05
TITLEHOLDER		EST SALVAGE 0.00	EST LIFE	3	
		REPL COST 993.76	PERIODS TAKEN	36	
TAG # 06177		LAST INVENT 07/16/2009	ACCUM DEPREC		993.76
SERIAL # 6B9VJ71		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
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G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98057	564000		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 #2019-025

DEPARTMENT: Library

TO BE COMPLETED BY DEPARTMENT:

Property Number: 06171 Mileage / Hours if applicable: _____

Year/Description: 2009, Dell Optiplex 755

Serial/Vin Number: 1B9V7J1 Indicate if a photo is included _____

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

Obsolete

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: Convenience Recycle Center

Department Head Signature: [Signature] Date: 11/9/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20090033 Acquisition Cost: \$993.76

Acquisition Date: 03/20/2009 Book Value: -0-

Financial Services Signature: [Signature] Date: 11/19/18

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 # 20090033	MASTER ASSET	DESCRIPTION	DELL OPTIPLEX 755 SMALL FORM
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 0711 LIBRARIES	ACQUIS DATE 03/20/2009	TYPE G	INSURED VAL 0.00
LOC CODE 268 TECHNICAL SERVI	ACQUIS COST 993.76	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 01711571-564000		
STATUS R RETIRED			
CONDITION E EXCELLENT	SOY BOOK 0.00	DEPRECIATE Y	
CUSTODIAN DEPARTMENT HEAD	CURRENT BOOK 0.00	DEPREC PRIN 0.00	
TITLEHOLDER	EST SALVAGE 0.00	FIRST YR/PR 2009/06	LAST YR/PR 2012/05
	REPL COST 993.76	EST LIFE 3	
TAG # 06171	LAST INVENT 07/16/2009	PERIODS TAKEN 36	
SERIAL # 1B9VJ71	IMPROVE MEMO	ACCUM DEPREC 0.00	
MANUFACTURER			
MODEL	RETIRE DATE 12/13/2016		
MODEL YEAR	DISP CODE RC RECYCLED		
LICENSE #	DISP PRICE 993.76		
	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	98057	564000		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 #2019-026

DEPARTMENT: Inspections**TO BE COMPLETED BY DEPARTMENT:**Property Number: 9163 BDO115 Mileage / Hours if applicable: _____Year/Description: 2017 Ford 105 Escape SESerial/Vin Number: 1FMCU9G0HUD85683 Indicate if a photo is included _____

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

Vehicle BDO115 involved in wreck and totaled

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: Vehicle involved in wreck and totaled beyond repairDepartment Head Signature: [Signature] Date: 10/9/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20170114 Acquisition Cost: \$22,986.24Acquisition Date: 05/26/2017 Book Value: \$20,273.81Financial Services Signature: [Signature] Date: 11/20/18**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 # 20170114	MASTER ASSET		DESCRIPTION CN#BDO115 2017 FORD ESCAPE	
CLASS 40	MACHINERY & EQU	FUND SOURCE		
SUBCL 613	SPORT UTILITY V	ACQUIS METH A1	PURCHASE	
COMMODITY			MAINT CONT Y	INSURED N
DEPT 0246	BUILDING DEPART	ACQUIS DATE 05/26/2017	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 344	BUILDING DEPT	ACQUIS COST 22,986.24	TYPE G	INSURED VAL 0.00
LOC MEMO	ACRES 0.000		ANNUAL COST 0.00	POLICY CST 0.00
ROOM	QTY 4		MEMO	MEMO
STORAGE LOC	UNIT PRICE 0.00			
	PURCH MEMO 45245524-564001-FRP DU			
STATUS A	ACTIVE			
CONDITION E	EXCELLENT	SOY BOOK 22,189.49	DEPRECIATE Y	
CUSTODIAN DEPT HEAD		CURRENT BOOK 20,273.81	DEPREC PRIN 22,986.24	
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR 2017/08	LAST YR/PR 2018/12
		REPL COST 22,986.24	EST LIFE 12	
TAG # 09163		LAST INVENT	PERIODS TAKEN 17	
SERIAL # 1FMCU9G90HUD85683		IMPROVE MEMO	ACCUM DEPREC 2,712.43	
MANUFACTURER FORD FORD				
MODEL ESCAPE		RETIRE DATE		
MODEL YEAR 2017		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	98052	564000		100.00
5	DEPRECIATION EXPENSE	98052	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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INSURANCE REQUEST

ADD

DELETE X

CHANGE

☐

Motor Vehicle

Year: 2017 Make: FORD Model: 105 ESCAPE SE
4WD 4DR Vehicle Type: SUV
Cost New: \$22781.00 Gross Vehicle Weight: 4840 Date Acquired: 5/9/17
Garaging Location: 96161
Department: Building/Inspections Nassau Place, Yulee, FL VIN: 1FMCU9G90HUD85683
Physical Damage Coverage: Yes No Deductible: \$500 or \$1000 (Emergency Vehicles Only)
Lien Holder/Lessor/Additional Insured:
Decal Tracking form (V-2) completed?: Yes No

Building/Contents

Street Address: Year Built: Square Footage:
Construction Type: Bldg Value: Content Value:
Valuable Papers: Department: Mortgage/Loss Payable/Insured:
Date Acquired: Occupancy Description:

Equipment

Year: Make: Model: Serial Number:
Date Acquired: Value: Location:
Department: Lessor/Additional Insured:
Description:

Confirmation

If removing vehicle from insurance/fleet, verify the following:

Tag removed and returned to Risk?

County decal/emblem and county numbering removed?

Authorization

Please consider this your authorization to Add/Delete/Change the above described item to the Nassau County Insurance Coverage effective: and as confirmation the actions above have been taken if removing a vehicle.

Department Head (Print): Expense Account Number: Signature: Date:
Keith Ellis 45245524-545000(Insurance Acct) 9/10/18

Risk Management Signature:

Date:

FLORIDA MUNICIPAL INSURANCE TRUST P.O. Box 538135, ORLANDO, FL 32853-8135

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Collision - 1st Party			\$1000 Ded	\$19,077.00	\$18,077.00

Claim Number: VA2018092335 Payee: NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Check Number: 167130 Total Check Amt: \$18,077.00 Event Date: 9/17/2018 Department: 0913 NASSAU COUNTY BOARD OF COUNTY COMMI

Check Memo: 2017 Escape Total Loss VIN D85682



45000000-201022

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW



FLORIDA MUNICIPAL
INSURANCE TRUST
LIABILITY /PROPERTY CLAIMS
P.O. BOX 538135
ORLANDO, FLORIDA 32853-8135
PH. 1-800-756-3042 OR 407-245-0725

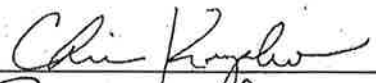
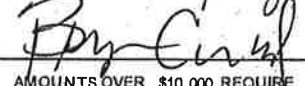
Wells Fargo Bank, N.A.

Downtown Orlando Office
20 North Orange Ave.
Orlando, FL 32801
11-24/1210

DATE	CHECK NO.
10/12/2018	167130
AMOUNT	
\$	**\$18,077.00**

PAY Eighteen Thousand Seventy-Seven and 00/100 Dollars*****

TO NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
THE 96135 NASSAU PLACE, SUITE 5
ORDER YULEE, FL 32097
OF



AMOUNTS OVER \$10,000 REQUIRE 2 SIGNATURES
VOID AFTER 180 DAYS

⑈0000167130⑈ ⑆121000248⑆

Risk

From: Risk
Sent: Tuesday, September 18, 2018 10:29 AM
To: New Loss
Cc: rtalone@hardeninsight.com
Subject: Nassau County Board of County Commissioners
Attachments: 20180918093349058.pdf

See attached report and pictures. Vehicle is probably totaled. County employee is in ICU.

Please assign adjuster.

Thanks,
Elisa

Vehicle Incident/Accident Report

WHAT TO DO IN CASE OF AN ACCIDENT

Complete this report at scene of accident and submit it to your employer immediately upon returning to office. In case of a serious accident, telephone your office at once. Do not talk to anyone about the accident except your employer, the policeman, or your insurance investigator. Do not argue at the scene of accident. Be courteous and show your license willingly.

Date & Time 9/17/18 8:33 A.M. Year, Make, Model 2017 FORD ESCAPE VIN 1FMCU96H0

Place of Accident TIMBERLINE - LONG LEAF LOOP HUD 85683

Condition of Road GOOD Weather CLEAR

Name of Other Driver UNKNOWN

Address _____

License Number _____ Make of Vehicle _____

Owner of Other Vehicle _____

Address _____

Vehicle Registration Number _____ Insured by _____

What direction were you going? SOUTH Speed _____

What direction was the other vehicle going? NORTH Speed _____

What was the cause of the accident? AWAYING CENTERLINE CROSSOVER

Why? _____

Did Police Officer take report? Yes ☒ No ☐

Badge Number _____ Report Number _____

Name of Officer NASSAU COUNTY SHERIFF DEPT Summons Issued? _____ To Whom? _____

INJURED PERSON

Obtain First Aid by calling a hospital or a doctor

Name RAY KANTASSALL Age _____
Address 26021 PEERWOOD DR - VALPO
Extent of Injury _____
Name _____ Age _____
Address _____
Extent of Injury _____
Name of doctor or hospital SHANDS

DAMAGE TO PROPERTY
Carefully Examine_____

Owner NASSAU COUNTY
Address 36161 NASSAU PL
Damage Auto ☒ Premises ☐ Fixtures ☐
Extent of damage See Pictures
Location of damaged property AIA TOWING

AIA Towing
86196 Doves Street
Yuloo -
904-225-2444

WITNESSES

It is important to get as many as possible

Name	Address
Name	Address
Name	Address

REMARKS

	Driver's Signature
The undersigned hereby agrees that	driver
was not at fault in this accident.	Name of company
Signature	
Address	
Date	



RISK MANAGEMENT

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Employee Name RAY VAN TASSEL Occupation INSPECTOR
Date / Time of Accident 9/17/18 8:33AM Location of Accident TIMBERCREEK
Injury HEAD INJURY
Witness UNKNOWN
Property Damaged VEHICLE

Employee's description of accident

SWERVED TO MISS CAR
CROSSING CENTER LANE

What acts, failure to act and/or conditions contributed most directly to this accident?

UNKNOWN

What are the reasons for the existence of these acts/or conditions?

UNKNOWN

What is the plan of action to prevent recurrence?

UNKNOWN AT THIS TIME

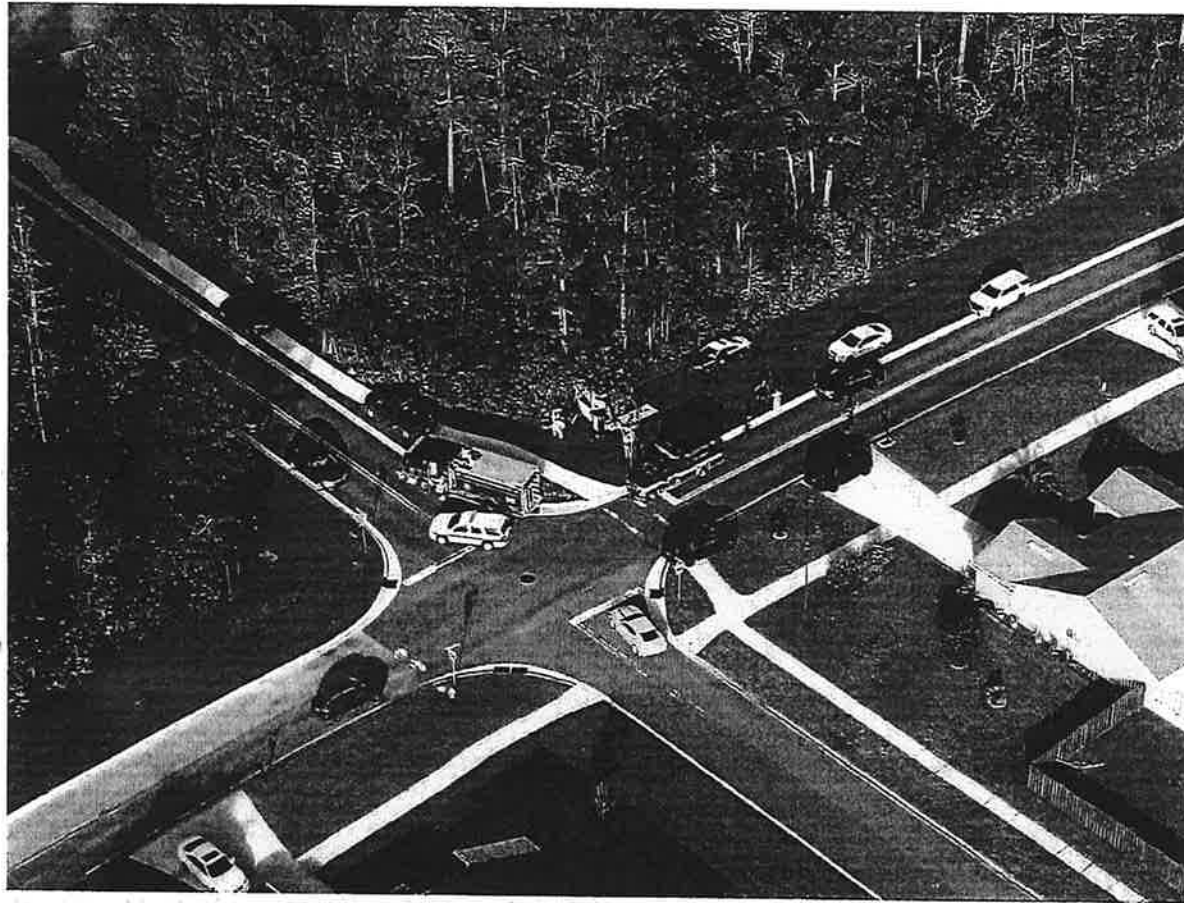
Supervisor's comments:

NONE AT THIS TIME

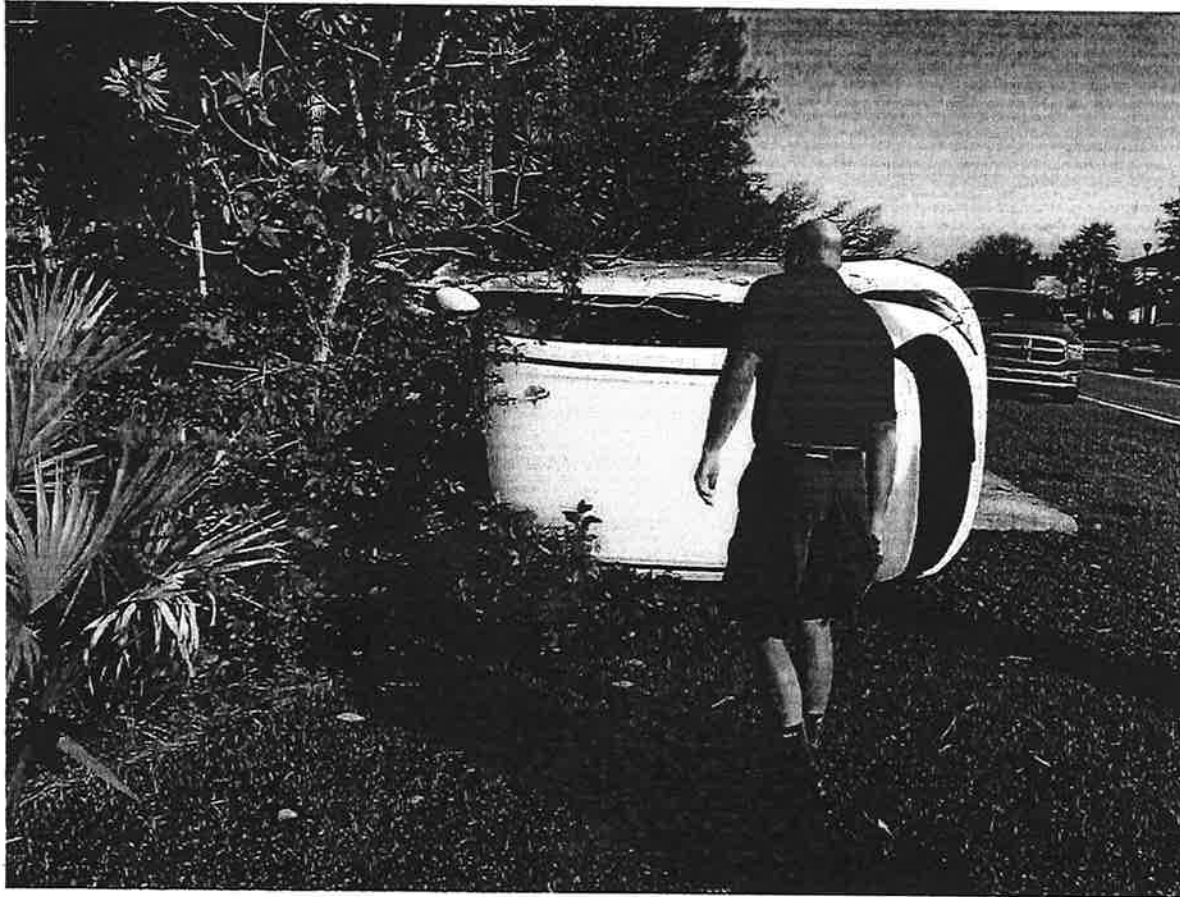
Investigated By: GARY LARSON Date 9/17/18

Management Review: _____ Date _____

9/17/18



9-17-18



4-17-18



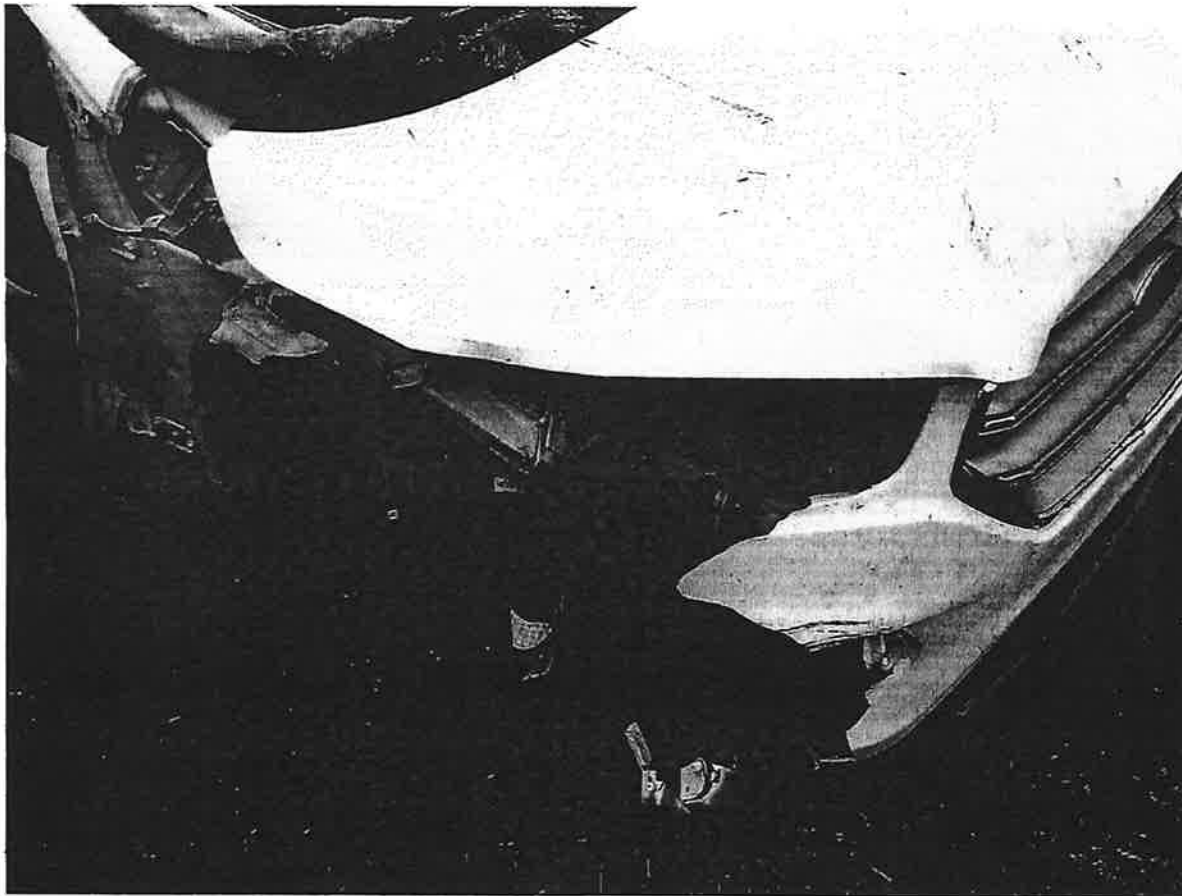
9-17-78



9.12.17



5-17-18



9-17-18



9-17-18



9-17-18



81-61-6



9-12-18



9-17-18



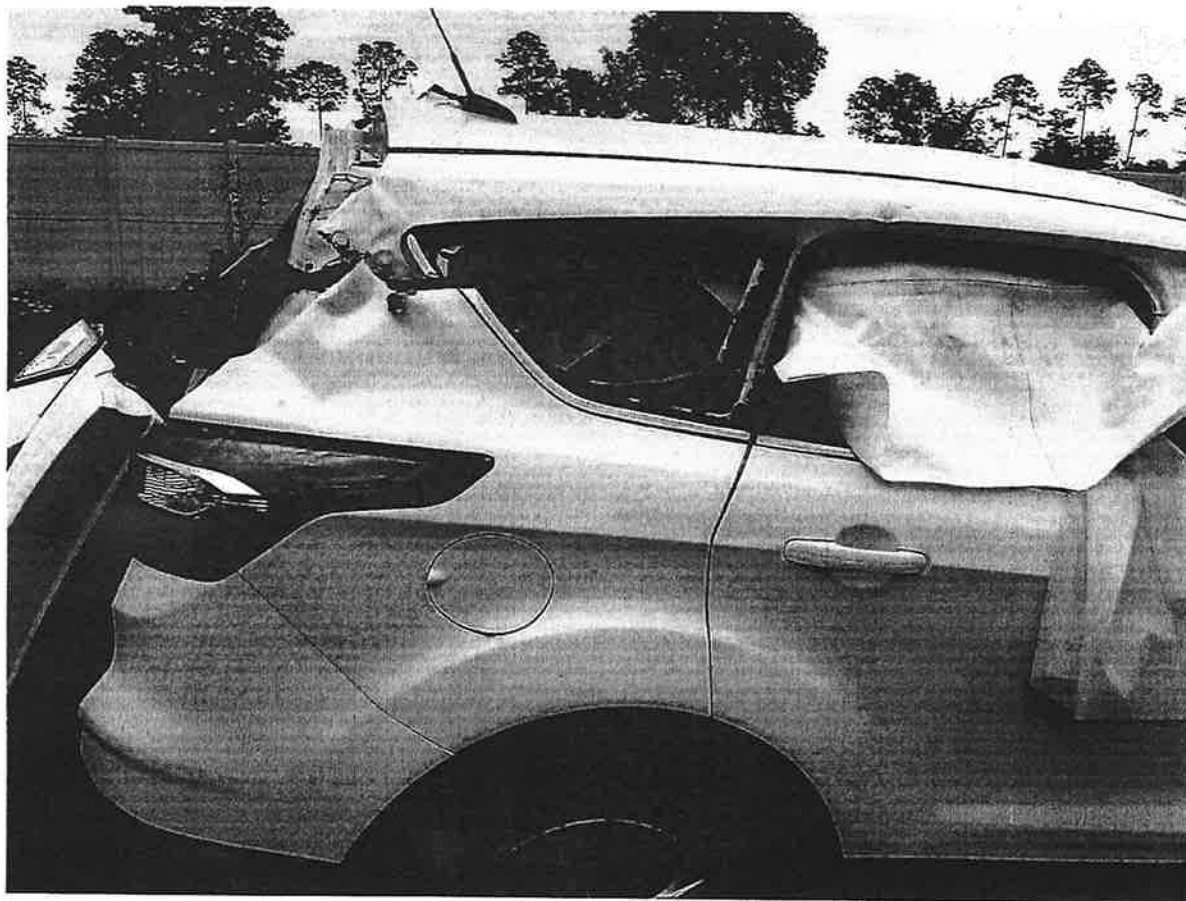
9-12-18



9-17-18



9-17-18



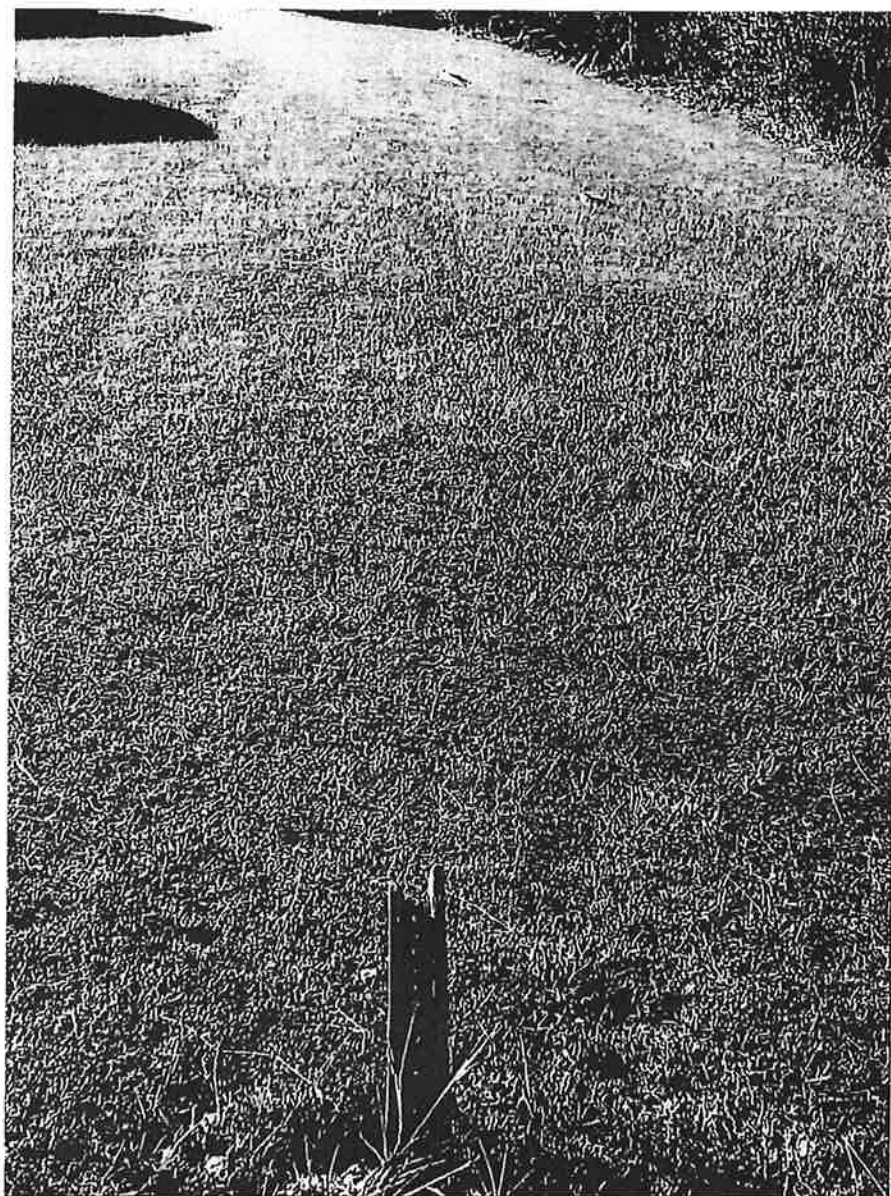
9-17-78



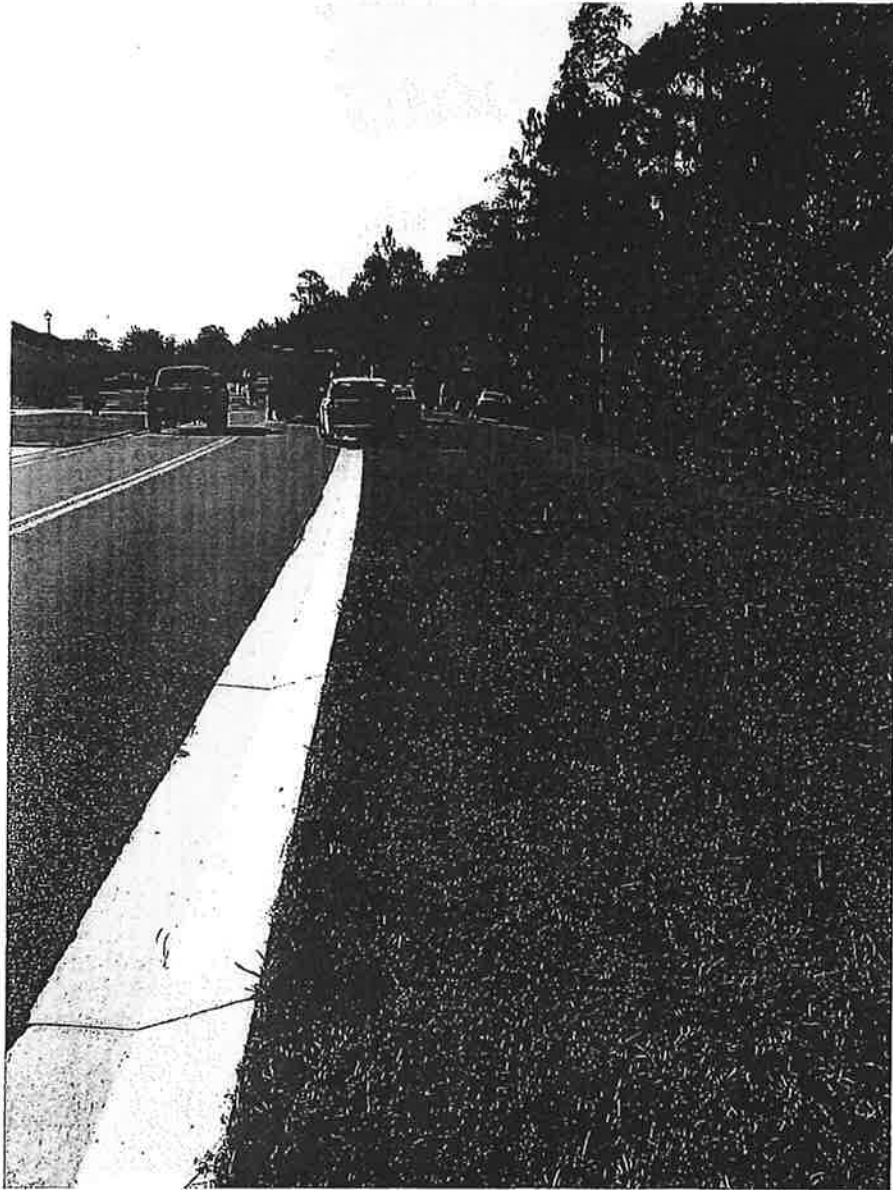
5-17-18



9.17.18



S-17-18



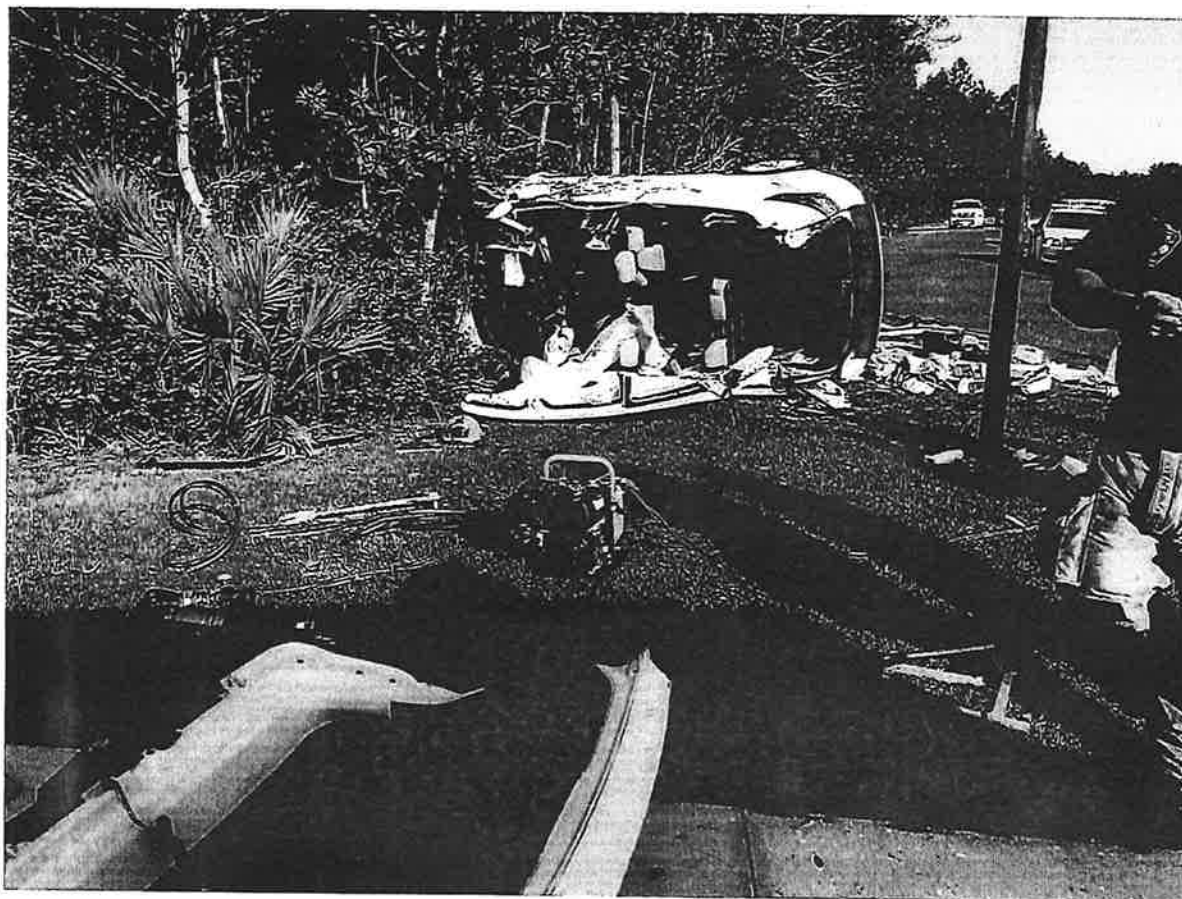
8-17-18



8/10/15



5-17-18



9.12.18



DELETION FROM INVENTORY FORM

DI # 2019-027DEPARTMENT: Health Department**TO BE COMPLETED BY DEPARTMENT:**Property Number: 7630 Mileage / Hours if applicable: _____Year/Description: OPTIPLEX 7010Serial/Vin Number: 1R38HX1 Indicate if a photo is included _____

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

Outdated, out of warranty

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: Recycled E-scrapDepartment Head Signature: [Signature] Date: 11/1/18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20140090 Acquisition Cost: \$1,125.45Acquisition Date: 06/19/2013 Book Value: -0-Financial Services Signature: [Signature] Date: 11/20/18**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 # 20140090	MASTER ASSET	DESCRIPTION	OPTIPLEX 7010
CLASS 40 MACHINERY & EQU	FUND SOURCE		
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 # 07630	LAST INVENT	PERIODS TAKEN 36	
SERIAL # 1R38HX1	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 #2019-028

DEPARTMENT: Facilities Maintenance/Parks & Recreation Dept.**TO BE COMPLETED BY DEPARTMENT:**Property Number: Asset#20160283 Tag # 9013 Mileage / Hours if applicable: N/AYear/Description: 5 Gang Pull Behind Reel MowerSerial/Vin Number: 16-001148 Indicate if a photo is included _____

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

Department no longer has a use for the 5 Gang Pull Behind Reel Mower.

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: Gov Deals Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature:  Date: 8-5-18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20160283 Acquisition Cost: \$2,500.00Acquisition Date: 09/30/2016 Book Value: \$1,458.27Financial Services Signature:  Date: 11/20/18**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 # 20160283	MASTER ASSET		DESCRIPTION		HYBRID 5 GANG REEL MOWER-PULL BEHIND			
CLASS 40	MACHINERY & EQU	FUND SOURCE 01						
SUBCL 703	MOWING ATTACHME	ACQUIS METH A1	PURCHASE	MAINT CONT Y	INSURED N			
COMMODITY				VENDOR DESC	Vendor Name Mi	CARRIER		
DEPT 0187	GROUNDS MAINTEN	ACQUIS DATE	09/30/2016	TYPE G	INSURED VAL	0.00		
LOC CODE 132	GROUNDS MAINTEN	ACQUIS COST	2,500.00	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	01075572-564000 NASSAU						
STATUS A	ACTIVE							
CONDITION E	EXCELLENT	SOY BOOK	1,958.30	DEPRECIATE Y				
CUSTODIAN	SUPERVISOR MAINTEN	CURRENT BOOK	1,458.27	DEPREC PRIN	2,500.00			
TITLEHOLDER		EST SALVAGE	0.00	FIRST YR/PR	2016/12	LAST YR/PR	2018/12	
		REPL COST	2,500.00	EST LIFE	5			
TAG # 09013		LAST INVENT		PERIODS TAKEN	25			
SERIAL # 16-001148		IMPROVE MEMO		ACCUM DEPREC	1,041.73			
MANUFACTURER	PROMO PROMOW							
MODEL	HYBRID 5	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	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 # 2019-029DEPARTMENT: Facilities Maintenance/Parks & Recreation Dept.**TO BE COMPLETED BY DEPARTMENT:**Property Number: Asset# 20030231 Tag# 2045 Mileage / Hours if applicable: N/AYear/Description: 2003 48" Plugger/Core Aerator (Pull Behind)Serial/Vin Number: 879226 Indicate if a photo is included _____

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

This is a pull behind Aerator, we no longer need it, we have a new Ride On Aerator now.

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: Gov Deals Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature: [Signature] Date: 11-5-18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20030231 Acquisition Cost: \$1,400.00Acquisition Date: 05/20/2003 Book Value: -0-Financial Services Signature: [Signature] Date: 11/20/18**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 # 20030231	MASTER ASSET		DESCRIPTION 48" PLUGGER/CORE AERATOR (WOODS)		
CLASS 40	MACHINERY & EQU	FUND SOURCE 01			
SUBCL 717	AERATOR	ACQUIS METH A1	PURCHASE		
COMMODITY			MAINT CONT N	INSURED N	
DEPT 0172	PARKS & RECREAT	ACQUIS DATE 05/20/2003	VENDOR DESC Vendor Name Mi	CARRIER	
LOC CODE 237	PARK & RECREATI	ACQUIS COST 1,400.00	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 NASSAU EQUIP 01720572-			
STATUS A	ACTIVE				
CONDITION E	EXCELLENT	SOY BOOK 0.00	DEPRECIATE Y		
CUSTODIAN	CULTURE/RECREATION	CURRENT BOOK 0.00	DEPREC PRIN 1,400.00		
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR 2003/08	LAST YR/PR 2008/07	
		REPL COST 1,400.00	EST LIFE 5		
TAG # 2045		LAST INVENT 07/21/2009	PERIODS TAKEN 60		
SERIAL # 879226		IMPROVE MEMO	ACCUM DEPREC 1,400.00		
MANUFACTURER					
MODEL		RETIRE DATE			
MODEL YEAR		DISP CODE			
LICENSE #		DISP PRICE			
		SALE PRICE 0.00			
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
2170	3000654	26773	26773	05/16/2003	1,400.00

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	277101		100.00
5	DEPRECIATION EXPENSE	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 #2019-030

DEPARTMENT: Facilities Maintenance/Parks & Recreation Dept.**TO BE COMPLETED BY DEPARTMENT:**Property Number: Asset# 20091025 Tag# 6254 Mileage / Hours if applicable: N/AYear/Description: Decathlon 20 Inch Floor MachineSerial/Vin Number: U19960 Indicate if a photo is included YES

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

Unit is 9 years old and still works but not efficiently.

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: Gov Deals Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature: [Signature] Date: 11-5-18**TO BE COMPLETED BY FINANCIAL SERVICES:**Asset Number: 20090125 Acquisition Cost: \$962.00Acquisition Date: 07/21/2009 Book Value: -0-Financial Services Signature: [Signature] Date: 11/20/18**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: _____

11/20/2018 09:56 | BOARD OF COMMISSIONERS
6235kulm | FIXED ASSET WORKSHEET

| P 1
| famstmnt

ASSET # 20090125	MASTER ASSET		DESCRIPTION HIGH SPEED BUFFER 20"	
CLASS 40	MACHINERY & EQU	FUND SOURCE 01		
SUBCL 526	FLOOR BUFFER/SC	ACQUIS METH A1	PURCHASE	
COMMODITY			MAINT CONT Y	INSURED N
DEPT 0191	FACILITIES MAIN	ACQUIS DATE 07/21/2009	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 241	FACILITIES MAIN	ACQUIS COST 962.00	TYPE G	INSURED VAL 0.00
LOC MEMO CALLAHAN	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 01196519-564000			
STATUS A	ACTIVE			
CONDITION E	EXCELLENT	SOY BOOK 0.04	DEPRECIATE Y	
CUSTODIAN DEPT HEAD		CURRENT BOOK 0.04	DEPREC PRIN 962.00	
TITLEHOLDER		EST SALVAGE 0.00	FIRST YR/PR 2009/10	LAST YR/PR 2014/09
		REPL COST 962.00	EST LIFE 5	
TAG # 06254		LAST INVENT	PERIODS TAKEN 60	
SERIAL #	IMPROVE MEMO		ACCUM DEPREC 962.00	
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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6254



RECEIVED

AUG 21 2009

NASSAU COUNTY BOCC
BLDG. MAINT. & PARKS DEPT.

08/14/2009 15:38 | BOARD OF COMMISSIONERS
1:00 PM | FIXED ASSET WORKSHEET

| PG 1
| famstmnt

ASSET # 20090125		MASTER ASSET		DESCRIPTION HIGH SPEED BUFFER 20" -6C	
CLASS	40 MACHINERY	FUND SOURCE	01 CURRENT BU	MAINT CONT	Y INSURED N
SUBCL	526 FLOOR BUFFER	ACQUIS METH	A1 PURCHASE	VENDOR DESC	Vendor Name Mi CARRIER
COMMODITY				TYPE	G INSURED VAL 0.00
DEPT	0191 MAINTENANCE	ACQUIS DATE	07/21/2009	EXPIRE DATE	EXPIRE DATE
LOC CODE	231 MAINTENANCE DEP	ACQUIS COST	962.00	ANNUAL COST	0.00 POLICY CST 0.00
LOC MEMO	CALLAHAN	ACRES	0.000	MEMO	MEMO
ROOM		QTY	1		
STORAGE LOC		UNIT PRICE	0.00		
		PURCH MEMO	01196519-564000		
STATUS	N NEW			DEPRECIATE	Y
CONDITION	E EXCELLENT	SOY BOOK	962.00	DEPREC PRIN	962.00
CUSTODIAN	DEPT HEAD	CURRENT BOOK	962.00	FIRST YR/PR	2009/10 LAST YR/PR /00
TITLEHOLDER		EST SALVAGE	0.00	EST LIFE	5
		REPL COST	962.00	PERIODS TAKEN	0
TAG # 06254		LAST INVENT		ACCUM DEPREC	0.00
SERIAL #		IMPROVE MEMO			
MANUFACTURER					
MODEL		RETIRE DATE			
MODEL YEAR		DISP CODE			
LICENSE #		SELL 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	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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PROPERTY OF BOCC
Nassau County, Florida

06254

DELETION FROM INVENTORY FORM

DI #2019-031

DEPARTMENT: Facilities Maintenance/Parks & Recreation Dept.

2018 NOV -6 PM 5:39

TO BE COMPLETED BY DEPARTMENT:

Property Number: Asset# 20011383 Tag# 2038 Mileage / Hours if applicable: N/A

Year/Description: 2000 Betco FL17 85009R

Serial/Vin Number: BCX 0239 Indicate if a photo is included Yes

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

Unit is 18 years old, it still works but it is showing age in the quality of the results of the performance.

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: Gov Deals Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature:  Date: 11-5-18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20011383 Acquisition Cost: \$799.28

Acquisition Date: 04/20/2000 Book Value: -0-

Financial Services Signature:  Date: 11/20/18

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 # 20011383		MASTER ASSET 34	DESCRIPTION FLOOR BUFFER	
		ADD'L DESC	FLORIDA PAPER CO	
			01196519-564000	
			BETCO FL17' 175 RPM LOWSPEED FLOOR MACHINE	
CLASS	40 MACHINERY & EQU	FUND SOURCE	01	
SUBCL	526 FLOOR BUFFER/SC	ACQUIS METH	A1 PURCHASE	MAINT CONT N INSURED N
COMMODITY				VENDOR DESC Vendor Name Mi CARRIER
DEPT	0196 CUSTODIAL	ACQUIS DATE	04/20/2000	TYPE G INSURED VAL 0.00
LOC CODE	217 C/H CUSTODIAL	ACQUIS COST	799.28	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	FLORIDA PAPER CO	
STATUS	A ACTIVE			
CONDITION	E EXCELLENT	SOY BOOK	0.00	DEPRECIATE Y
CUSTODIAN	DEPT HEAD	CURRENT BOOK	0.00	DEPREC PRIN 799.28
TITLEHOLDER		EST SALVAGE	0.00	FIRST YR/PR 2000/07 LAST YR/PR 2005/06
		REPL COST	799.28	EST LIFE 5
TAG #	2038	LAST INVENT	07/21/2009	PERIODS TAKEN 60
SERIAL #	BCX0239	IMPROVE MEMO	01196519-564000	ACCUM DEPREC 799.28
MANUFACTURER	BETCO BETCO			
MODEL	85009R	RETIRE DATE		
MODEL YEAR		DISP CODE		
LICENSE #		DISP PRICE		
		SALE PRICE	0.00	
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE
3143	798			INV AMT 799.28

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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05/20/2011 11:30 | BOARD OF COMMISSIONERS
cpatters | FIXED ASSET WORKSHEET

PG 1
famstmat

ASSET # 20011383 MASTER ASSET 34 DESCRIPTION FLOOR BUFFER
ADD'L DESC FLORIDA PAPER CO
01196519-564000
BETCO FL17' 175 RPM LOWSPEED FLOOR MA
CHINE

CLASS	40	MACHINERY	FUND SOURCE	01					
SUBCL	526	FLOOR BUFFER	ACQUIS METH	AL	PURCHASE	MAINT CONT	N	INSURED	N
COMMODITY						VENDOR DESC	Vendor Name Mi	CARRIER	
DEPT	0196	CUSTODIAL	ACQUIS DATE	04/20/2000	TYPE	G		INSURED VAL	0.00
LOC CODE	217	C/H CUSTODIAL	ACQUIS COST	799.28	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	FLORIDA PAPER CO					
STATUS	A	ACTIVE							
CONDITION	E	EXCELLENT	SOY BOOK	0.00	DEPRECIATE	Y			
CUSTODIAN	DEPT HEAD		CURRENT BOOK	0.00	DEPREC PRIN		799.28		
TITLEHOLDER			EST SALVAGE	0.00	FIRST YR/PR	2000/07	LAST YR/PR	2005/06	
			REPL COST	799.28	EST LIFE	5			
TAG # 2038			LAST INVENT	07/21/2009	PERIODS TAKEN	60			
SERIAL #	BCX0239		IMPROVE MEMO	01196519-564000	ACCUM DEPREC		799.28		
MANUFACTURER	BETCO BETCO								
MODEL	85009R		RETIRE DATE						
MODEL YEAR			DISP CODE						
LICENSE #			SELL PRICE						

VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
3143	798				799.28

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98000	27101		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 #2019-032

DEPARTMENT: Health Department

TO BE COMPLETED BY DEPARTMENT:

Property Number: 6530 Mileage / Hours if applicable: 127,000

Year/Description: 2006 Chevy Impala LT 4DR

Serial/Vin Number: 2G1WT58K569259840 Indicate if a photo is included yes

Describe the reason for deletion (Include replacement criteria if part of the Fleet Replacement Program): vehicle is 11 years old, has

damage to the exterior, and rear window is broken. Cost to repair vehicle exceeds value of car.

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.com Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature:  Date: 11/20/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20101178 Acquisition Cost: \$10,580.00

Acquisition Date: 01/27/2006 Book Value: -0-

Financial Services Signature:  Date: 12/4/18

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 # 20101178	MASTER ASSET	DESCRIPTION	AUTOMOBILE-CHEVROLET IMPALA 4DR LT #10	
CLASS 40 MACHINERY & EQU	FUND SOURCE 07			
SUBCL 602 AUTOMOBILE	ACQUIS METH A4 OTHER	MAINT CONT Y	INSURED N	
COMMODITY		VENDOR DESC Vendor Name Mi	CARRIER	
DEPT 0625 HEALTH DEPARTME	ACQUIS DATE 01/27/2006	TYPE G	INSURED VAL	0.00
LOC CODE 254 HEALTH DEPT	ACQUIS COST 10,580.00	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			
STATUS A ACTIVE		DEPRECIATE Y		
CONDITION G GOOD	SOY BOOK 0.11	DEPREC PRIN 10,580.00		
CUSTODIAN DEPT HEAD	CURRENT BOOK 0.11	FIRST YR/PR 2010/11	LAST YR/PR	2015/10
TITLEHOLDER	EST SALVAGE 0.00	EST LIFE 5		
	REPL COST 10,580.00	PERIODS TAKEN 60		
TAG # 06530	LAST INVENT	ACCUM DEPREC 10,580.00		
SERIAL # 2G1WT58K569259840	IMPROVE MEMO			
MANUFACTURER CHEVY CHEVY				
MODEL IMPALA LT 4DR	RETIRE DATE			
MODEL YEAR 2006	DISP CODE			
LICENSE # 225716	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	98000	549164		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 #2019-035

DEPARTMENT: Road and Bridge

TO BE COMPLETED BY DEPARTMENT:

Property Number: 06767 Mileage / Hours if applicable: N/A

Year/Description: 2011 Multi Function Machine (fax and printer)

Serial/Vin Number: CNQCB54081 Indicate if a photo is included _____

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

Machine is broken, obsolete and economically not feasible to repair.

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: Electronic Recycle Bin at Solid Waste

Department Head Signature: Rebecca Ry Date: 11/15/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20110073 Acquisition Cost: \$1,789.00

Acquisition Date: 09/30/2011 Book Value: -0-

Financial Services Signature: Kari Keme Date: 12/7/18

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 # 20110073		MASTER ASSET		DESCRIPTION PRINTER-MULTI FUNCTION MACHINE	
CLASS	40 MACHINERY & EQU	FUND SOURCE	01		
SUBCL	102 PRINTER	ACQUIS METH	A1 PURCHASE	MAINT CONT	Y INSURED N
COMMODITY				VENDOR DESC	Vendor Name Mi CARRIER
DEPT	0410 ROAD & BRIDGE	ACQUIS DATE	09/30/2011	TYPE	G INSURED VAL 0.00
LOC CODE	305 HILLIARD YARD	ACQUIS COST	1,789.00	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	CDW-G 03491549-564000		
STATUS	A ACTIVE				
CONDITION	E EXCELLENT	SOY BOOK	0.11	DEPRECIATE	Y
CUSTODIAN	DEPT HEAD	CURRENT BOOK	0.11	DEPREC PRIN	1,789.00
TITLEHOLDER		EST SALVAGE	0.00	FIRST YR/PR	2011/12 LAST YR/PR 2016/11
		REPL COST	1,789.00	EST LIFE	5
TAG # 06767		LAST INVENT		PERIODS TAKEN	60
SERIAL # CNQCB54081		IMPROVE MEMO		ACCUM DEPREC	1,789.00
MANUFACTURER	HP HP				
MODEL	LJ M3035XS	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	98054	564000		100.00
5	DEPRECIATION EXPENSE	98054	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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08/01/2018 11:43
6235kulm

BOARD OF COMMISSIONERS
2018 INVENTORY

P 18
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ROAD & BRIDGE

DEPT ROOM	TAG # ASSET #	SUB CLASS DESCRIPTION	MANUF SERIAL #	CUSTODIAN	QTY	ACQUIS DATE EST LIFE	ACQUIS COST CURR BOOK	REPLACE COST	COST REMARKS STATUS	CAPITALIZE?
0410	09396 20180058	ICE MACHINE ICE MAKER-HOSHIZAKI	HOSHIG10056K	DEPT HEAD	1	03/02/2018 10	6,235.65 6,079.77	6,235.65	ACTIVE	Y
	LOCATION 279 TOTALS		COUNT:	1			6,235.65 6,079.77	6,235.65		
	LOCATION: 304 CONSTRUCTI									
0410	09109 20170060	HEAVY EQUIPMENT GRADA80755023 CN#CN1008 FIXED THUMB GRAPPLE		DEPT HEAD	1	02/03/2017 10	9,216.00 7,987.20	9,216.00	ACTIVE	Y
	LOCATION 304 TOTALS		COUNT:	1			9,216.00 7,987.20	9,216.00		
	LOCATION: 305 HILLIARD Y									
0410	3542 20060047	HYDRAULIC EXCAV DEEREFF120CX035735 CN#RB1204 HYDRAULIC EXCAVATOR		DEPT HEAD	1	02/07/2006 8	118,885.00 .02	118,885.00	ACTIVE	Y
0410	5021 20060124	MOWING TRACTOR/ DEERERW7220R048680 CN#RB812 TRACTOR WITH BOOM MOW		DEPT HEAD	1	07/11/2006 10	104,365.89 .11	104,365.89	ACTIVE	Y
	DEERE 7220 TRACTOR, TIGER SABER SBR50C BOOM MOWER									
0410	08869 20060336	TELESCOPIC EXCA GRADA3140128 CN#RB1006 GRADALL XL3100 EXCAV		DEPT HEAD	1	09/15/2006 7	22,936.31 .00	22,936.31	ACTIVE	Y
0410	08853 20070315	MISC EQUIP-ROAD 6700 FUEL DISPENSING SYSTEM		DEPT HEAD	1	09/30/2007 10	25,485.00 .11	25,485.00	ACTIVE	Y
	100 KEYS; TWO STAINLESS STEEL CABINETS									
0410	06266 20090139	COMPUTER DELL OPTIPLEX 760	JG11TK1	DEPT HEAD	1	09/09/2009 3	994.61 .00	994.61	ACTIVE	Y
0410	06767 20110073	PRINTER HP CNQCB54081 PRINTER-MULTI FUNCTION MACHINE		DEPT HEAD	1	09/30/2011 5	1,789.00 .11	1,789.00	ACTIVE	Y
0410	07339 20130293	MISC EQUIPMENT 150GL DOUBLE WALLED WASTE OIL		DEPT HEAD	1	06/21/2013 5	970.00 .04	970.00	ACTIVE	Y
0410	07372 20130305	TRUCK FORD 1FTMF1CMLDKE83805 2013 FORD F-150 4X2		DEPT HEAD	1	06/21/2013 5	24,410.05 .08	24,410.05	ACTIVE	Y
0410	08683 20160012	TRAILER-TRANSPO TEXAS4T9BF3026GG035534 FLATBED TEXAS TRAILER 8'6X25		DEPT HEAD	1	12/11/2015 15	11,482.00 9,568.30	11,482.00	ACTIVE	Y
0410	08708 20160037	TELESCOPIC EXCA GRADA3140000376 CN#RB1008-GRADALL XL3100IV EXC		DEPT HEAD	1	01/05/2016 10	353,598.80 268,145.67	353,598.80	ACTIVE	Y
0410	08709 20160038	TRUCK - DUMP KENWO1NKZL70X5GJ129097 CN#RB402 DUMP TRUCK		DEPT HEAD	1	01/29/2016 12	148,155.00 118,318.32	148,155.00	ACTIVE	Y
0410	09064 20170013	TELESCOPIC EXCA GRADA3140000399 CN#RB1010 GRADALL XL3100 EXCAV		DEPT HEAD	2	01/27/2017 10	364,183.35 312,591.73	364,183.35	ACTIVE	Y

DELETION FROM INVENTORY FORM

DI # 2019-036

DEPARTMENT: Solid Waste

TO BE COMPLETED BY DEPARTMENT:

Property Number: 2476 Mileage / Hours if applicable: _____

Year/Description: Laserjet Printer / 2002

Serial/Vin Number: USLNK13746 Indicate if a photo is included _____

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

No longer works

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: E-Scrap Recycling

Auction: _____ Where: _____ Amount Received: _____

Other: _____ Please describe: _____

Department Head Signature: Rebecca Py Date: 12/18/18

TO BE COMPLETED BY FINANCIAL SERVICES:

Asset Number: 20020246 Acquisition Cost: \$1,660.00

Acquisition Date: 09/29/2002 Book Value: -0-

Financial Services Signature: Kari Ulmer Date: 12/21/18

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 # 20020246	MASTER ASSET SW 187	DESCRIPTION LASERJET PRINTER
CLASS 40 MACHINERY & EQU	FUND SOURCE 02	
SUBCL 102 PRINTER	ACQUIS METH A1 PURCHASE	
COMMODITY	MAINT CONT N	INSURED N
DEPT 0341 LANDFILL OPERAT	VENDOR DESC Vendor Name Mi	CARRIER
LOC CODE 379 LANDFILL CALLAH	TYPE G	INSURED VAL 0.00
LOC MEMO	ACRES 0.000	EXPIRE DATE
ROOM	QTY 1	ANNUAL COST 0.00 POLICY CST 0.00
STORAGE LOC	UNIT PRICE 0.00	MEMO
	PURCH MEMO PRISM CONSULTING 70359	
STATUS A ACTIVE		
CONDITION E EXCELLENT	SOY BOOK 0.00	DEPRECIATE Y
CUSTODIAN DEPT HEAD	CURRENT BOOK 0.00	DEPREC PRIN 1,660.00
TITLEHOLDER	EST SALVAGE 0.00	FIRST YR/PR 2002/12 LAST YR/PR 2007/11
	REPL COST 1,660.00	EST LIFE 5
TAG # 2476	LAST INVENT 06/23/2009	PERIODS TAKEN 60
SERIAL # USLNK13746	IMPROVE MEMO	ACCUM DEPREC 1,660.00
MANUFACTURER HP HP		
MODEL 4100N	RETIRE DATE	
MODEL YEAR	DISP CODE	
LICENSE #	DISP PRICE	
	SALE PRICE 0.00	
VEND # 6749	PO # 2000996	DOCUMENT # PCS208
	INVOICE # PCS208	INV DATE 09/29/2002
		INV AMT 7,760.00

G/L Accounts

TYPE	DESC	ORG	OBJ	PROJ	PERCENT
1	ASSET	98000	166900		100.00
2	CONTRA	98053	564000		100.00
5	DEPRECIATION EXPENSE	98053	559000		100.00
6	ACCUMULATED DEPRECIATION	98000	167900		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT
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