

GILLESPIE COUNTY

DELETED FIXED ASSETS

To: Gillespie County Auditor's Office Date: _____

From: _____ Department: _____ Room: _____

It is requested that the following items, which I am currently responsible for, be transferred to:

Department Head: _____

Department: _____

Room#/Office: _____

<u>Description of Item</u>	<u>Serial Number</u>	<u>TAG #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deletion authorized by: _____ Date: _____
Auditor's Office

I accept responsibility for the above inventory items: _____
Signature of person receiving item(s)