

**FRANKLIN COUNTY SCHOOL DISTRICT**  
**FIXED ASSET ADDITION FORM**

Bar Code: \_\_\_\_\_

Location: \_\_\_\_\_ Building: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
Room: \_\_\_\_\_

Classification: \_\_\_\_\_ Group: \_\_\_\_\_ Purchase Order: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Purchased Amount: \_\_\_\_\_ Expense Fund: \_\_\_\_\_

Description: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Claim #: \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Receiving Item

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fixed Asset Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fixed Asset Manager

\_\_\_\_\_  
Date