



# GREGORY C. HARRELL

CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA

P.O. BOX 1030 OCALA, FLORIDA 34478-1030

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## ACQUISITION - DISPOSITION FORM

TO: Finance

From: Health Department

Date:

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
SEE ATTACHED		

Description	Year Aquired
VEHICLE TRANSFERS TO FLORIDA DEP	

Acquisition:

Asset/Vehicle Number Being Replaced:   
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason:

Disposal Method:

Disposal Location:

Transfer:

Department Receiving Transfer: Other/Not Listed

Authorized Signature:

Marked Lander

Secondary Signature:

(If Applicable)

\_\_\_\_\_

Fleet Signature:

(If Applicable)

\_\_\_\_\_

BCC Chairman Signature: \_\_\_\_\_

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

Use SEE ATTACHED in the Asset# column for disposal lists.