

**Cobb County Information Services Department
ASSET TRACKING FORM**

Date: _____ Received by: _____

Date: _____ Installed by: _____

Date: _____ Receiving Department Print: _____

Signature: _____

Hardware PO/PD: _____

Asset Tag (CCIS): _____ Model No.: _____

Serial No.(s): _____

Description: _____

Department/User: _____

Address/Location: _____

Move/Transfer From: _____

Comments: _____

Software PO/PD: _____

☐ Owned

☐ Leased

☐ Move

☐ Tracking Only
(No maintenance)

NOTE: If this is for replacement of existing equipment, please complete the information below. The items being replaced should be taken out of use and will be removed from maintenance. This form does not replace the requirement to complete a surplus property disposition form.

Equipment Being Replaced

Serial No.: _____

Asset Tag (CCIS): _____

Description: _____

Model No.: _____

Comments: _____

☐ Surplus by I.S.

☐ Surplus by Dept.

☐ Re-Deploy

Please return the signed receipt to designated Admin staff. Thank you.

To be completed by I.S. admin staff:

Date entered in Inventory Database: _____

Entered by: _____