Ohio Department of Job and Family Services

ASSET MANAGEMENT CONTROL SHEET

Ticket #	Purchase Order No.	Page of

Asset Activity (Send completed form to Office of Employee and Business Services, Asset Management Unit)

☐ New Acquisition ☐ Gift Acquisition or Donation* ☐ Temporary Loan ☐ Excess, Surplus, Salvage ☐ Lost, Stolen, or Destroyed ☐ Other: _____

☐ Direct Shipment ☐ Office Relocation/Transfer* ☐ Trade-in ☐ Repair, Maintenance, Exchange ☐ Found or Recovered

Item Description	Asset Tag Number	Serial Number	Manufacturer	Model Number	Condition Code N – New G - Good F – Fair P – Poor X - Broken	Item Assigned To 1. (Employee Name)	Street Address	City

***Complete this section only if the item(s) were Transferred, Office Relocated, Donated, or Gift Acquisition. 1. If not assigned to employee, enter JFS Office Name in this column.**

NOTE: Please fill-in the "Received By" section of this form, fax to (614) 728-7724 or eMail signed copy to _____@jfs.ohio.gov

Current Office/Bureau/Section		Relocated To (Office/Bureau/Section)	
Location (Address/Bldg., Floor, Room)		Location (Address/Bldg., Floor, Room)	
Released By	Date	Received By	Date

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