

County Fiscal Manual

6.1.7 Instructions for completing the “Equipment Acquisition Check Sheet” (EACS)

See the sample of the EACS on page 1 of this attachment. The numbered instructions below correspond to the circled numbers on the sample form.

1. **DATE**
Enter the date the form is prepared.
2. **OWNER DEPT. ORG. CODE**
Enter the acquiring department’s appropriate level one FIRM organization code.
3. **FUND SOURCE**
Enter the purchasing organization’s appropriate FIRM organization code where the expenditure is to be charged. Leave this field blank when an EACS Attachment is used.
4. **ACCOUNT**
Enter the appropriate FIRM expenditure account code (e.g., 6031 through 6035 are account codes for equipment).
5. **BUDGET ITEM**
Enter the appropriate budget item code.
6. **EQUIPMENT NUMBER**
Enter the equipment identification number (maximum 14 alpha numeric characters) preceded by a one character equipment code identifying the type of number. The equipment identification codes to be used are: D = Department; I = Inventory; and S = Serial. The D is used to identify vehicles. The number used is a number assigned by Facilities Management Department. The inventory number (I) is the property tag number placed on the fixed asset. The manufacturer’s Serial number (S) is used to identify property only on certain items (i.e., guns, portable items of equipment, etc.) When an EACS Attachment is needed then enter “Various – See Attachment” on the original Equipment Acquisition Check Sheet.
7. **LOCATION**
Enter the appropriate location code identifying the physical location of the equipment item. This is only completed by departments utilizing location capabilities. (See the Department Location Index for the appropriate location codes. The Department Location Index can be obtained from the individual responsible for the inventory of fixed assets in each department.) Leave this field blank when an EACS Attachment is used. (The information will be entered on the EACS Attachment.)
8. **ENCUMBRANCE**
Enter the appropriate encumbrance document (i.e., MC, PO, etc.) number used to encumber funds to purchase equipment item(s).
9. **WARRANT / JV / DI**
Leave blank. This field will be completed by the Auditor-Controller’s Fixed Asset Unit.

10. **ACQ. CODE**
Check the appropriate acquisition code.

"P" = Purchased
"D" = Donated
"C" = County Constructed
"G" = Grant
11. **ACQ. DATE**
Leave blank. This field will be completed by the Auditor-Controller's Fixed Asset Unit.
12. **VENDOR NO.**
This field is to be completed for the department's information only. This field is not required to be completed for Auditor-Controller's uses.
13. **SPECIAL REPORT**
Leave blank. This field will be completed by the Auditor-Controller's Fixed Asset Unit.
14. **UNIT COST/VALUE**
Leave this field blank for all items acquired via Purchase Orders. The unit cost will be entered by the Auditor-Controller's Fixed Assets Unit from the warrant voucher.

Enter the appropriate unit cost expended when it is County constructed. Enter the appropriate unit value when items are acquired by donation or grant. Use an EACS Attachment when more than one unit cost/value exists. Leave the field blank on the original EACS, if the Attachment is used.
15. **TRADE-IN ALLOWANCE**
Enter unit amount of trade-in credit in conjunction with the purchase of the equipment item. If there was no trade-in allowance, leave the field blank.
16. **ITEM CODE**
Enter the appropriate equipment item code from the FAAS Class/Item Index that best describes the equipment item. The FAAS Class/Item Index is provided to departments by the Auditor-Controller's Fixed Asset Unit. Updated listings will be provided as changes occur.
17. **EQUIPMENT DESCRIPTION**
Enter a description of the equipment item acquired (descriptions are limited to 32 positions including spaces and punctuation). Use the EACS Attachment when more than one item is purchased and separate descriptions are needed. Leave this field blank on the EACS when an EACS Attachment is used. For uniformity, use the following description format if applicable: Type of Asset – Make – Model – Serial #.
18. **VENDOR**
Enter the name of the vendor supplying the item(s).
19. **REQUISITION NUMBER**
Enter the requisition number.
20. **QUANTITY**
Enter the number of items received.

21. TOTAL PAID
Enter the total price paid for all goods received.
22. DELIVERY DATE
Enter the date the goods were delivered.
23. DEPARTMENT NAME
Enter the name of the department.
24. REMARKS
Enter any special conditions/remarks necessary.
25. PREPARED BY
Enter the signature of the person preparing the form.
26. TITLE
Enter the title of the person preparing the form.
27. TELEPHONE NO.
Enter the telephone number of the person preparing the form.

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Third copy	Originating Department

For information regarding fixed asset accounting or to obtain property tags, contact the Auditor-Controller's Fixed Asset Unit at (213) 974-0325.