

DEPARTMENT OF PUBLIC SAFETY  
GRANTS MANAGEMENT BUREAU (GMB)  
**FIXED ASSET FORM**

Complete this form for all Grant-funded equipment purchases  
**for all items valued at \$5,000 or more with a useful life of a year or more.**

Submit this form along with requisition documents, invoice, and proof of payment for items, when you submit your Request for Reimbursement for the item(s). Sub-Grantees are responsible for informing GMB of any changes related to equipment purchased with grant funds.

**Check one:**

**New Asset:**

**Transfer or Change:**

**Dispose of Asset:**

**Sub-Grantee:** \_\_\_\_\_

**Sub-Grant No.:** \_\_\_\_\_

**If Transferring,  
Transfer to:** \_\_\_\_\_

**Description of Item:** \_\_\_\_\_

**Purchase Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**Total Purchase  
Amount:** \_\_\_\_\_

**% Federal  
Participation\*:** \_\_\_\_\_

\* Percentage of the cost paid by this award; e.g., 50% paid from this award, 50% from general funds.

**Make:** \_\_\_\_\_

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

**Serial # or VIN:** \_\_\_\_\_

**License Plate #  
(if applicable)** \_\_\_\_\_

**Fiscal Agent Tag #:** \_\_\_\_\_

**Physical Location:** \_\_\_\_\_

**DPS-GMB Tag #:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

By signing below, I certify that the asset above is and will continue to be used for criminal justice purposes only.

\_\_\_\_\_  
Authorized Fiscal Agent Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Program Representative

\_\_\_\_\_  
Date

**GMB USE ONLY**

**GMB Analyst**

**Verified:** \_\_\_\_\_

**Date:** \_\_\_\_\_