Auditor-Controller-Treasurer-Tax Collector Capital Asset WIP/CIP Projects Notice of Completion Form

(Equipment / Building & Improvements)

Capital asset WIP or CIP project placed in service that will either establish or add value to an existing asset

Asset Title/Description: _____

Asset Tag Number[2]: _____ Project Number[1] : _____

Project Completion (in service)Date: _____

Total Capitalizable Cost: _____

AM Business Unit ◯ SC001 ◯ SCE01 AM Asset Profile: _____

Note: Capital Project fund CIP balances/expenditures will close and project/asset will capitalize under Operating Fund/Department. WIP purchasing fund/department are assumed to be the same as operating unless noted otherwise here. If different, include transfer form.

CIP Capital Project Fund[3]: _____ CIP Capital Project Department: _____

WIP Purchasing Fund: _____ WIP Purchasing Department: _____

WIP/CIP Operating Fund: _____ WIP/CIP Operating Department: _____

Custodian Name/Department ID: _____ Phone Number: _____

Location of Asset: _____

Location Code: _____ WIP VIN/Serial Number: _____

Grant Funding ◯ None ◯ Federal ◯ State ◯ Other _____

New or Addition ◯ New ◯ Addition ◯ Replacement [5]

If an addition to or replacement[5] of an existing asset provide the existing asset ID or tag: _____

◯ Parent ◯ Child to existing asset ID: _____

Contact Person _____ Phone Number: _____

Authorized Signature _____

Refer to the County's **Fiscal Policy Manual FA-1 Accounting for Capital Assets** for more information.

Contacts for questions:

- Chris Carli – Christine.Carli@sonomacounty.gov 707-565-3280
- Joseph Cochrane - Joseph.Cochrane@sonomacounty.gov 707-565-3283.
- Sonoma Water - Marcus Desideri at Marcus.Desideri@sonomacounty.gov 707-565-3653

1. Project number assigned by Department
2. Request Tag # from Chris Carli if not assigned otherwise by Fleet (Vehicles), ISD, or Transit.
3. Fund and Department tracking WIP/CIP project. If this is a replacement item, complete the Capital Asset Adjustments Form to dispose replaced item.

ACTTC Use (Initial & Date):

_____ Support Received

_____ Processed in AM

Reset Form