

BASTROP COUNTY PURCHASING OFFICE

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DATE:	
TO: BASTROP COUNTY PURCE	HASING DEPARTMENT

ATTENTION: FIXED ASSET DIVISION

FROM:

The employees designated below are hereby designated as my representative to handle and control fixed assets for my department. I understand that I am ultimately responsible for the care and accurate accounting for all fixed assets assigned to my department.

NAME	TITLE	OFFICE NO.	E-MAIL

Elected/Appointed Official or Department Head Signature	Date	