

COUNTY OF SAN DIEGO
Department of Purchasing and Contracting



TRANSFER OR DISPOSITION OF MINOR EQUIPMENT

Contract #:
 Contractor:
 Program:
 COR:
 Signature:

CONTROL NO.
(Assigned by Property Disposal)

1 PROPERTY NO. INVENTORY TAG NO.	2 ACQ. DATE	3 DESCRIPTION <i>Indicate condition of items (working, broken, obsolete...)</i>	IT items only Non IT items only	4 SERIAL NO. LISTING NO.	5 NEW LOCATION CODE (DEPARTMENTAL TRANSFER)	6 ITEM QUANTITY

7 TRANSFERRING, LENDING OR REMOVING DEPT. HHSA / BHS		8 ORG. NO. 45290	12 PROPERTY DISPOSAL or RECEIVING DEPT. Purchasing and Contracting		13 ORG. NO. 81665
9 PRINTED NAME OF APPROVING OFFICER		10 DATE	14 PRINTED NAME OF APPROVING OFFICER		15 DATE
11 SIGNATURE			16 SIGNATURE		

NATURE OF REQUEST

<input type="checkbox"/> SALE, SALVAGE OR OTHER DISPOSAL VIA P&C PROPERTY DISPOSAL	<input type="checkbox"/> LOAN OF PROPERTY
<input type="checkbox"/> INTER-DEPARTMENTAL TRANSFER	<input type="checkbox"/> RETURN OF LOANED PROPERTY
<input type="checkbox"/> DEPARTMENTAL MINOR EQUIPMENT TRACKING	<input type="checkbox"/> MOBILE DEVICE RECYCLING (SUPPLEMENTAL REQUIRED)
	<input type="checkbox"/> OTHER

INITIATING DEPARTMENT REMARKS
 (Special note: All sensitive & county operational materials have been physically removed or scrubbed from the appropriate items listed above.)

SENDER'S INFORMATION:	EQUIPMENT LOCATION:
CONTRACTOR STAFF:	ADDRESS:
PHONE:	
EMAIL:	
RECEIVER'S INFORMATION: (TRANSFERS ONLY)	RECEIVING COR
CONTRACTOR STAFF:	SIGNATURE:
PHONE:	
EMAIL:	DATE:

PROPERTY DISPOSAL OR RECEIVING DEPARTMENT REMARKS:

I CERTIFY THAT HHSA GAVE IT VENDOR ALL LISTED IT ITEMS ABOVE FOR DOD WIPE. IT VENDOR EMPLOYEE PLEASE SIGN, PRINT YOUR NAME & DATE RECEIVED BELOW.

PICKED UP BY SIGNATURE: _____ NAME PRINTED: _____ DATE PICKED UP: _____

FOR IT TRANSFERS ONLY

SIGNATURE WHEN DOD WIPE IS COMPLETED AND RETURNED: _____ NAME PRINTED: _____ DATE _____

WIPE CERTIFICATION