

**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 (good, fair, poor, working, broken, etc...)</i>	MOBILE DEVICES	4 SERIAL NO. LISTING NO.	5 NEW LOCATION CODE (DEPARTMENTAL TRANSFER)	6 ITEM QUANTITY
<b>Please See Attached Supplemental Form for List of Mobile Devices</b>						

7 TRANSFERRING, LENDING OR REMOVING DEPT. <b>HHSA / BHS</b>		8 ORG. NO. <b>45290</b>	12 PROPERTY DISPOSAL or RECEIVING DEPT. <b>Purchasing and Contracting</b>		13 ORG. NO. <b>81665</b>
9 PRINTED NAME OF APPROVING OFFICER		10 DATE	14 PRINTED NAME OF APPROVING OFFICER		15 DATE
11 SIGNATURE			16 SIGNATURE		
<b>NATURE OF REQUEST</b> <input type="checkbox"/> SALE, SALVAGE OR OTHER DISPOSAL VIA P&C PROPERTY DISPOSAL <input type="checkbox"/> INTER-DEPARTMENTAL TRANSFER <input type="checkbox"/> DEPARTMENTAL MINOR EQUIPMENT TRACKING <input type="checkbox"/> LOAN OF PROPERTY <input type="checkbox"/> RETURN OF LOANED PROPERTY <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.)

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

**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**