



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES
BHS 203 DISPOSITION OF MINOR EQUIPMENT

Contract #:
Contractor:
Program:
COR:
Signature:

GOVDEALS ASSET #

1 CATEGORY Appliances, Office Equipment/ Supplies, Furniture, Heavy Equipment, Technology, Etc,	2 INVENTORY ID #	3 DESCRIPTION Indicate brand and make of items Consolidate like items	4 CONDITION Indicate condition of the items (Good, Fair, Usable, Damaged, Broken, Poor)	5 ITEM QUANTITY	6 NOTES

7 DEPARTMENT-DIVISION BEHAVIORAL HEALTH SERVICES	8 ORG. NO.	12 APPROVING DEPARTMENT-DIVISION BHS	13 ORG. NO.
9 PRINTED NAME OF AUTHORIZED SIGNOR OR REQUESTOR	10 DATE	14 PRINTED NAME OF APPROVING OFFICER	15 DATE
11 SIGNATURE		16 SIGNATURE	
NATURE OF REQUEST <input type="checkbox"/> NON-IT SALE, SALVAGE OR OTHER DISPOSAL VIA SALVAGE WAREHOUSE <input type="checkbox"/> IT SALVAGE_DONATION TO FUTURES FOUNDATION (IT Supplemental Required) <input type="checkbox"/> INVENTORY TRANSFER <input type="checkbox"/> MINOR EQUIPMENT TRACKING <input type="checkbox"/> INVENTORY DONATION (Add notes in comment section below) <input type="checkbox"/> CONTRACTOR INVENTORY RETENTION <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: PHONE: EMAIL:	ADDRESS:
RECEIVER'S INFORMATION: (TRANSFERS ONLY)	
CONTRACTOR STAFF: PHONE: EMAIL:	RECEIVING COR SIGNATURE: DATE:

COMMENTS / NOTES:

I CERTIFY THAT HHS 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