



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

Contract #:
Contractor:
Program:
COR:
Signature:

ASSET ID #

1 CATEGORY Appliances, Office Equipment/ Supplies, Furniture, Heavy Equipment, Technology, Etc,	2 ASSET ID #	3 DESCRIPTION Indicate brand and make of items Consolidate like items	IT items_Supp Req. Non-IT items	4 CONDITION Indicate condition of the items (Good, Fair, Usable, Damaged, Broken, Poor)	5 ITEM QUANTITY	6 NOTES
7 DEPARTMENT-DIVISION HHSA / BEHAVIORAL HEALTH SERVICES			8 ORG. NO. 45290	12 APPROVING DEPARTMENT-DIVISION HHSA / BHS		13 ORG. NO. 45290
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)			RECEIVING COR SIGNATURE:			
CONTRACTOR STAFF: PHONE: EMAIL:			DATE:			
COMMENTS / NOTES:						
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