



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:

ASSET ID #

1 CATEGORY Indicate condition of items (good, fair, poor, working, broken, 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 items (good, fair, poor, working, broken, etc...)	5 ITEM QUANTITY	6 NOTES
<div>7 DEPARTMENT-DIVISION HHSA / BEHAVIORAL HEALTH SERVICES</div> <div>8 ORG. NO. 45290</div> <div>12 APPROVING DEPARTMENT-DIVISION HHSA / BHS</div> <div>13 ORG. NO. 45290</div> <div>9 PRINTED NAME OF AUTHORIZED SIGNOR OR REQUESTOR</div> <div>10 DATE</div> <div>14 PRINTED NAME OF APPROVING OFFICER</div> <div>15 DATE</div> <div>11 SIGNATURE</div> <div>16 SIGNATURE</div> <div>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</div> <div>INITIATING DEPARTMENT REMARKS (Special note: All sensitive & county operational materials have been physically removed or scrubbed from the appropriate items listed above.)</div> <div>SENDER'S INFORMATION: CONTRACTOR STAFF: PHONE: EMAIL:</div> <div>EQUIPMENT LOCATION: ADDRESS:</div> <div>RECEIVER'S INFORMATION: (TRANSFERS ONLY) CONTRACTOR STAFF: PHONE: EMAIL:</div> <div>RECEIVING COR SIGNATURE: DATE:</div> <div>COMMENTS / NOTES:</div>						
<div>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.</div> <div>PICKED UP BY SIGNATURE : _____ NAME PRINTED : _____ DATE PICKED UP: _____</div> <div>FOR IT TRANSFERS ONLY</div> <div>SIGNATURE WHEN DOD WIPE IS COMPLETED AND RETURNED: _____ NAME PRINTED: _____ DATE _____</div>						

WIPE CERTIFICATION