

COUNTY OF SAN DIEGO

HEALTH & HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH SERVICES

TRANSFER OF MINOR EQUIPMENT

204 FORM



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY

1 INVENTORY TAG NO.	2 NOTES	3 DESCRIPTION - <div style="background-color: yellow; padding: 2px;">USE NAMING CONVENTIONS FOR CLARITY -</div>	4 ITEM QUANTITY	5 NEW INVENTORY TAG NO	6 NEW LOCATION CODE

7 TRANSFERRING DEPT.	8 LOW ORG. NO.	12 RECEIVING DEPT.	13 LOW ORG. NO.
9 PRINTED NAME OF APPROVING OFFICER	10 DATE	14 PRINTED NAME OF AUTHORIZED SIGNOR	15 DATE
11 SIGNATURE		16 SIGNATURE	

DISPOSITION TYPE

☐ BHS PROGRAM TRANSFER
☐ DEPARTMENT DONATION TRACKING

☐ LOAN OF PROPERTY
☐ RETURN OF LOANED PROPERTY
☐ OTHER

****SPECIAL NOTE FOR ALL COUNTY PROPERTY: IT IS THE DEPARTMENTS RESPONSIBILITY TO ENSURE THAT ALL DEPT TAGS, SENSITIVE & OPERATIONAL MATERIALS AND INFORMATION HAVE BEEN PHYSICALLY REMOVED OR SCRUBBED FROM THE ITEMS LISTED ABOVE.****

SENDING DEPT INFORMATION: POINT OF CONTACT: PHONE: EMAIL:	EQUIPMENT LOCATION: ADDRESS:
RECEIVING DEPT INFORMATION: (TRANSFERRED TO LOCATION) POINT OF CONTACT: PHONE: EMAIL:	ADDRESS: RECEIVER/ COR SIGNATURE:
DATE:	

DEPARTMENT NOTES:

CONTRACT # &
NAME
PROGRAM NAME

COR SIGNATURE

CERTIFY THAT DEPT GAVE I.T. TECH ALL LISTED IT ITEMS ON SUPPLEMENTAL FOR DOD WIPE. I.T. VENDOR PLEASE PRINT YOUR NAME/DATE AND SIGN AS RECEIVED BELOW.

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

FORDOD WIPE ONLY: CERTIFY THAT IT TECH HAS RETURNED ALL ITEMS SENT FOR WIPE& RETURNED TO CONTRACTOR TO COMPLETE TRANSFER

WIPE CERTIFICATION