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 *Indicate condition of items (working, broken, obsolete...)* ◯ IT items only ◯ Non IT items only	4 SERIAL NO. LISTING NO.	5 NEW LOCATION CODE (DEPARTMENTAL TRANSFER)	6 ITEM QUANTITY

7 TRANSFERRING, LENDING OR REMOVING DEPT.	8 ORG. NO.	12 PROPERTY DISPOSAL or RECEIVING DEPT.	13 ORG. NO.
HHSA / BHS	45290	Purchasing and Contracting	81665
9 PRINTED NAME OF APPROVING OFFICER	10 DATE	14 PRINTED NAME OF APPROVING OFFICER	15 DATE
11 SIGNATURE		16 SIGNATURE	

NATURE OF REQUEST

- ☐ SALE, SALVAGE OR OTHER DISPOSAL VIA P&C PROPERTY DISPOSAL
- ☐ INTER-DEPARTMENTAL TRANSFER
- ☐ DEPARTMENTAL MINOR EQUIPMENT TRACKING
- ☐ LOAN OF PROPERTY
- ☐ RETURN OF LOANED PROPERTY
- ☐ MOBILE DEVICE RECYCLING (SUPPLEMENTAL REQUIRED)
- ☐ 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:

CONTRACTOR STAFF:
PHONE:
EMAIL:

EQUIPMENT LOCATION:

ADDRESS:

RECEIVER'S INFORMATION: (TRANSFERS ONLY)

CONTRACTOR STAFF:
PHONE:
EMAIL:

RECEVING COR SIGNATURE:

DATE:

PROPERTY DISPOSAL OR RECEIVING DEPARTMENT REMARKS:

WIPE CERTIFICATION

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 _____