



COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES
TRANSFER OF MINOR EQUIPMENT
204 FORM

1 INVENTORY TAG NO.	2 NOTES	3 DESCRIPTION - <i>USE NAMING CONVENTIONS FOR CLARITY -</i>	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 <input type="checkbox"/> BHS PROGRAM TRANSFER <input type="checkbox"/> DEPARTMENT DONATION TRACKING			<input type="checkbox"/> LOAN OF PROPERTY <input type="checkbox"/> RETURN OF LOANED PROPERTY <input type="checkbox"/> 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