



**COUNTY OF SAN DIEGO**  
**Department of Purchasing and Contracting**  
**DISPOSITION OF MINOR EQUIPMENT**

IT items only -  
 Supplemental Required

**CONTROL NO.:**  
*(Assigned by Property Disposal)*

Non IT items only

1 CATEGORY: APPLIANCES, BOOKS, CHILDREN, DESK TOP EQUIPMENT, EQUIPMENT, FURNITURE, HEAVY EQUIPMENT, MEDICAL, OFFICE SUPPLIES, TECHNOLOGY	2 CONDITION NEW, USABLE, BROKEN, OBSOLETE, LE ONLY	3 DESCRIPTION - <i>USE NAMING CONVENTIONS FOR CLARITY - CONSOLIDATE LIKE ITEMS</i>	4 LISTING NO. OR N/A  REQUIRED	5 ITEM QUANTITY	6 NOTES

7 REQUESTING DEPT-DIVISION	8 ORG. NO.	12 PROPERTY DISPOSAL	13 ORG. NO.
9 PRINTED NAME OF REQUESTOR OR AUTHORIZED SIGNOR	10 DATE	14 PRINTED NAME OF APPROVING OFFICER	15 DATE
11 AUTHORIZED SIGNOR SIGNATURE		16 AUTHORIZED SIGNATURE	

**REQUEST FOR DISPOSITION:**

<input type="checkbox"/> SALE, SALVAGE OR OTHER DISPOSAL VIA AUCTION HOUSE	<input type="checkbox"/> ONSITE DISPOSAL (DOCUMENTATION ATTACHED)
<input type="checkbox"/> DONATION TO FUTURES (SUPPLEMENTAL REQUIRED)	<input type="checkbox"/> DESTRUCTION (DOCUMENTATION ATTACHED)
<input type="checkbox"/> DONATION TO: _____	<input type="checkbox"/> MOBILE DEVICE RECYCLING (SUPPLEMENTAL REQUIRED)
	<input type="checkbox"/> OTHER

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

<b>SENDER'S INFORMATION:</b>	<b>EQUIPMENT LOCATION:</b>
CONTRACTOR /STAFF: PHONE: EMAIL:	ADDRESS:
SPECIAL CONSIDERATIONS	ADDITIONAL INFORMATION  REQUESTOR SIGNATURE: _____ DATE: _____

PROPERTY DISPOSAL OR DEPARTMENTAL NOTES:	<b>ADD CONTRACT AND INTERNAL DEPT INFO HERE -</b> _____ <b>IF APPLICABLE, OR LEAVE BLANK</b>	CONTRACT #: _____ PROGRAM _____ DEPT. AUTH OR COR SIGNATURE _____
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**WIPE CERTIFICATION**

**I CERTIFY THAT DEPT GAVE IT TECH 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 DOD WIPE ONLY: I CERTIFY THAT IT TECH HAS RETURNED ALL ITEMS SENT FOR WIPE & RETURN TO DEPARTMENT FOR DISPOSAL**

SIGNATURE WHEN DOD WIPE IS COMPLETED AND RETURNED: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_ DATE \_\_\_\_\_