



Grant No.		Date of Request:	
Grant Term:	From:	To:	
LOHP Name:	Address:		Tel. No.:

Item	(A) Item Description & Part No.	(B) Serial No.	(C) Cost	(D) Date of Purchase	(E) Tag No.	(F) Equipment Transfer Information	(G) Disposition Method	(H) Disposition Date
1						Organization Name & Address:		
2						Organization Name & Address:		
3						Organization Name & Address:		
4						Organization Name & Address:		
5						Organization Name & Address:		
6						Organization Name & Address:		
7						Organization Name & Address:		
8						Organization Name & Address:		
9						Organization Name & Address:		
10						Organization Name & Address:		

INSTRUCTIONS:

1) **a)** Complete (A), (C) and (F) and submit to OOH for review and approval. **b)** Approved form returned to LOHP for equipment purchase. **c)** After receipt of equipment, LOHP completes (B), (D) and (G) and submits to OOH for tagging request. **d)** OOH checks and confirms data accuracy on the form and returns to LOHP with tags. **e)** LOHP affixes tags, distributes equipment and files forms(s) for their record. LOHP is required to re-submit this form to update any equipment change in location/disposition.

2) For equipment purchase of more than 10 items, please continue with a new second page. **Other:**

Approved by:			
(Name of LOHP Staff Requesting)	Signature of LOHP Staff Requesting	Date:	
(Name of LOHP Project Director)	Signature of LOHP Project Director	Date:	
(Name of CDPH Grant Manager)	Signature of CDPH Grant Manager	Date:	
(Name of CDPH Inventory Control Manager)	Signature of CDPH Inventory Control Manager	Date:	