



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) Complete columns (A) and (C) and submit to OOH for review and approval. Form will be returned to LOHP after approval along with tags equal to number of equipment purchased.
- 2) LOHP will affix tags to equipment, complete columns (B) and (E) through (H), prior to equipment distribution. LOHP is required to re-submit this form to update any equipment change in location/disposition.
- 3) 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:	