

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE SERVICES BUREAU
INVENTORY CONTROL UNIT

EQUIPMENT LOAN
TRANSFER AND RECEIPT

REQUESTED BY: _____

DEPARTMENT: _____

TELEPHONE: _____

EQUIPMENT REQUESTED: _____

EQUIPMENT ISSUED: _____

SERIAL NO. _____

L.A.CO.NO. _____

M.H. NO. _____

THE ABOVE MENTIONED EQUIPMENT IS HEREBY RELEASED TO YOU ON A LOAN BASIS ONLY. REQUESTOR IS TO ASSUME FULL RESPONSIBILITY AND CARE OF SAID EQUIPMENT. ANY INTENT OR WISH TO MAINTAIN AS YOUR PERMANENT INVENTORY SHALL BE REQUESTED IN WRITING TO THIS OFFICE c/o CHARLOTTE CARTER, CHIEF OF ADMINISTRATIVE SERVICES BUREAU.

RELEASED BY: _____

TITLE: _____

DATE: _____

TELEPHONE: _____

RECEIVED BY: _____

TITLE: _____

DATE REC'D: _____

TELEPHONE: _____