

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

LAC-CAL Equipment Inventory Release

The undersigned authorized staff hereby assumes all responsibility and liability for all LAC-CAL equipment listed under the Location Cost Code _____, reproduced on the attached printout. Verification for same has been confirmed by _____, Administrative Support Bureau, who will attest to its accuracy.

The undersigned agrees to follow all controls established for LAC-CAL equipment as described in the Administrative/Policy and Procedures Manual, a copy of which is attached.

Authorized Staff

Date

Administrative Support Bureau

Date

Approved by: _____

Division Chief or above

Date