

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

Asset Acquisition Form

Contractor's Name: _____	Legal Entity No.: _____
Project Name: _____	Project ID No.: _____
Asset(s) Location: _____ <i>(Street address, suite/room/workspace, city, and state)</i>	

Green DMH Tag No.: <u>DMH</u> _____ <i>Required for all assets</i>	Project Asset ID No.: _____ <i>Required for all assets</i>	Silver DMH Tag No.: _____ <i>Additionally required for assets valued \$5000 or greater</i>
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Asset Type: _____	Manufacturer: _____
Serial No.: _____	Model: _____
Purchase Price: \$ _____	Purchase Date: _____
Receipt Date: _____	Warranty ID: _____
Asset Description: _____	

The above-described asset, and every asset identified on attached pages, has been accepted into inventory by the identified DMH Contractor. All information is complete and correct to the best of my knowledge.

Contractor's Project Manager

_____	_____	_____	_____
Name (print)	Signature	Date	Telephone #

Instructions: Complete one **Asset Acquisition Form** for each asset item type. Fax completed form(s) to: **DMH CIOB Attn: CPTT at 213-252-8744** or email to: CPTT@dmh.lacounty.gov.

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Asset Acquisition Form
Page 2 for Multiple Duplicate Items

Use this page to report multiple items of the same type, manufacturer, model, purchase price, delivery date, receipt date, warranty information and description as the item listed on Page 1. This page cannot be used for assets valued at \$5,000 or more, requiring a Silver Tag. Indicate location of asset only if different from location shown on page 1, otherwise indicate "same."

No.	Serial No.:	Green DMH Tag No.:	Project Asset ID No.:	Location of asset
-	<i>EXAM123PLE</i>	<i>DMH 54321</i>	<i>0002</i>	<i>SAME</i>
1		DMH		
2		DMH		
3		DMH		
4		DMH		
5		DMH		
6		DMH		
7		DMH		
8		DMH		
9		DMH		
10		DMH		
11		DMH		
12		DMH		
13		DMH		
14		DMH		
15		DMH		

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