

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**

**Portable Items of Equipment Inventory Release**

The undersigned authorized staff hereby assumes all responsibility and liability for all Portable Items of Equipment listed under the Fund Org. Code \_\_\_\_\_, the contents of which are reproduced on the attached printout.

Verification for same has been confirmed by \_\_\_\_\_, Administrative Services Bureau, who will attest to its accuracy.

The undersigned agrees to follow all controls established for Portable Items of Equipment as described in the Administrative/Policy and Procedures Manual, a copy of which is attached.

Authorized Staff \_\_\_\_\_ Date \_\_\_\_\_

Administrative Services Bureau \_\_\_\_\_ Date \_\_\_\_\_