

INTEROFFICE MEMO



DATE: _____

FROM: _____

TELEPHONE: _____
MAIL CODE: _____

TO: Wendy Cambridge, Administration Supervisor I
 Facility & Project Management

TELEPHONE: 909-382-3150

SUBJECT: Surplus Equipment

I certify that the following equipment/furniture is surplus, and can be picked up for release to the County of San Bernardino Surplus for disposition.

DBH Clinic or Program Name: _____ Cost Center: _____

Contact Person: _____ Phone Number _____

Address of Pick Up: _____
Street Name and Number City ZIP

AUTHORIZED/APPROVED BY:

SIGNATURE _____ / _____ **Phone #** _____
Print Last and First Name

ITEM DESCRIPTION	Bldg/ Room #	*Tag #	*Serial #	*DBH Tag #	Usable	Unusable	Needs Repair

