

HSD PROPERTY CONTROL CONTRACTOR FORM C-063-IT (value under \$5000, IT equipment)

FROM(OFFICE)	
Address	
Contact/Phone	
Program Manager	
TO	
ADDRESS	
Contact/Phone	
<u>Signatures & Date</u>	
Transferring FAFM	
Receiving FAAM	
ASD FAM	
ASD Bureau Chief	

COMMENTS:

Requested Action:

*Transfer (T)
Donation (D)
Destruction (DE)
Recycle (R)
Inventory (I)*

Serial Number	Item/description	Condition	Requested Action	Estimated current value





