	СО		ORADO PROPERTY	
p(SURPLUS)		TRANSFE	R REQUEST p INT	TERDEPARTMENT
TRANSFER FROM (INDEX CODE)			TRANSFER TO (INDEX CODE)	
411000				
DEPARTMENT: Mealth	Out 4	Patient	DEPARTMENT:	
APPROVED (DEPT HEAD)		DATE 8 /16/03	APPROVED (DEPT HEAD)	DATE
		Placerve	ele Drive, Suite	7, Placewille, Ca
Where in Facility? Out	Patient.	Facylity	(Rear Xexeption C	(rea)
FIRST CONTACT PERSON:	- Cherry	Ingho		
SECOND CONTACT PERSO	N Michel	w meal	W PHONE 621-6	309
			<u> </u>	
COUNTY TAG#	DESC	RIPTION	SERIAL/VIN#	CONDITION
	Lerox &	Popier	NG 3009993	Good
,				
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		janania janana		1994
		(
				
CENTRAL SERVICES USE ONLY DATE POSTED		REMARKS:		
		DATE		
BOARD LETTER			OF FORM GO TO GENERAL S	İ
PICKUP BY VENDOR		PROCESS. UPON COMPLETION DISTRIBUTION WILL OCCUR		
COPY TO AUDITOR		WHITE (AUDITOR) PINK (FROM DEPT) YELLOW (TO DEPT.) GOLD (CENTRAL SERVICES)		