

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

Fixed Assets Equipment Inventory Release

The undersigned authorized staff hereby assumes responsibility for all Fixed Assets Equipment listed under the Fund Organization Code _____, the contents of which are reproduced on the attached print-out. Verification for same has been confirmed by _____, ASB, who will attest to its accuracy.

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

Authorized Staff _____ Date _____

Second Copy to Division/Facility/Bureau