

Pur. Rec # \_\_\_\_\_

Budg. Ref # \_\_\_\_\_

Spec. No # \_\_\_\_\_

**CITY OF LOS ANGELES**  
**THIS FORM SHOULD BE TYPED**  
**REQUEST FOR SALE/REUSE**  
**EQUIPMENT TRANSFER ADVICE OF**  
**PERSONAL PROPERTY**

RFS # \_\_\_\_\_

DATE \_\_\_\_\_

**DRAFT**

RELEASING DEPARTMENT

ACCEPTING DEPARTMENT

Line No.	Quantity	Decal No.	CAMS* No	Serial No.	Brief Description	Salvage Item No.
1	1				Corner desk with hutch	
2	1				Desk with hutch	
3	2				Rolling drawers (one w file drawer)	
4	1				4-drawer letter file cabinet	
5	1				Desk lamp	
6	2				Desk chairs (1 deconstructed in box)	
7	1			5QF351PB	Seagate FreeAgent Desktop	
8	1			3003392	Tower computer (sony)	
9	1			CN-0F5035-64180-54L-07D	Monitor (dell)	
10	1				Keyboard	
11	1				Laptop computer (mac)	
12	1			CN23BBK0FZ	Printer (HP Officejet Pro 8600), with ink	
13	2				Computer speakers	
14	1				Desk stand/monitor riser	
15	2				Bulletin boards	
16	1				Framed bird print	
17	1				Tub of various desk supplies, file holders, pamphlet holders, cables	
18	2				Easel pads	

*Centralized Asset Management System	Received in Salvage by: _____ Date: _____
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Refer questions About This Request to:	Telephone: _____	Mail Stop: _____
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From: Dept. No: \_\_\_\_\_ Fund No. \_\_\_\_\_ To: Dept. No. \_\_\_\_\_ Fund No. \_\_\_\_\_

Credit Sale Auction proceeds to Dept No: \_\_\_\_\_ Fund No: \_\_\_\_\_ Revenue Resource Miscellaneous Actt No: \_\_\_\_\_

Useable Electronics: Per City of Los Angeles Ordinance #178450, useable items) should be listed in citiMAX for 30 days; after 30 days, attach a copy of the CitMAX listing & Electronic Waste Salvage Certification For to this Request for Sale Form.

Signed \_\_\_\_\_ Dept. or Bureau Head \_\_\_\_\_ Approved \_\_\_\_\_ Purchasing Agent \_\_\_\_\_

CHECK APPROPRIATE BOX

**To the Purchasing Agent: SALE**  
Request is hereby made that the above and listed described property belonging to the City of Los Angeles, and under the custody of and no longer needed by this Department, and no longer required for City use, it be put for SALE, and that such sale be conducted in accordance with prescribed City procedures, is hereby approved, with proceeds/funds thereof to be paid into the City Treasury.

**To the Purchasing Agent: REUSE**  
Request is hereby make that the above and listed described property belonging to the City of Los Angeles, and under the custody of and no longer needed by this Department, elsewhere be REUSED and inventoried by receiving Department, and that it be REUSE in accordance with the intended original use of property with prescribed procedures, is hereby approved, and respective departments be credited accordingly, with any proceeds/funds thereof to be paid into the City Treasury.

**Department of General Services  
Moving Services Division  
Request for Services**

**PART I**

Date \_\_\_\_\_ Department/Div Requesting Service \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Requestor's Phone \_\_\_\_\_

Requestor's E-mail \_\_\_\_\_

**PART II**

Mark all that apply

1. Relocate items within the same office/building	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Transport to other location	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Salvage items**	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Record Retention	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Items to be moved/quantity:

Desk(s)* _____	Computer(s) _____	Monitor(s) _____
Table(s) _____	Printer(s) _____	Keyboard(s) _____
Chair(s) _____	Box(es) _____	Mice _____
Bookcase(s)* _____	Other _____	Cable(s) _____
File Cabinet(s)* _____	Other _____	Pallet(s) _____

\*You must empty all drawers and shelves before they are to be moved  
\*\*All salvage items must be listed on a Salvage Form or they cannot be removed.

**PART III**

Items being moved from origin (include room #) :

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_

Items being moved to destination (include room #) :

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_

**PART IV**

If moving cost exceeds the authority limit set by GSD, an authorized signature to pay for services from your department head is required.

\_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_

**PART V**

**For Moving Services' Use Only**

Move scheduled for:

Date: \_\_\_\_\_ At: \_\_\_\_\_ AM \_\_\_\_\_ PM

Assigned to: GSD Movers \_\_\_\_\_ Corovan \_\_\_\_\_ # of Men \_\_\_\_\_

Estimated cost of move \$: \_\_\_\_\_ Invoice #: \_\_\_\_\_ B/L #: \_\_\_\_\_

Please see back of this form for additional contact payment information

# Moving Services Division Request for Services

**Note:**

Some work may require a cost estimate prior to services rendered.

Some work performed may require payment from requesting department for services rendered.

Please provide the contact information for person(s) who will be responsible for receiving and paying the invoice(s).

PART VI

Name	_____
Department/Division	_____
Mailing Address	_____
Mail Stop	_____
Phone	_____
E-mail	_____

PART VII

Name	_____
Department/Division	_____
Mailing Address	_____
Mail Stop	_____
Phone	_____
E-mail	_____