

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES						
NON-EXPENDABLE PROPERTY TRANSFER/REASSIGNMENT					DATE: _____	
FROM	ORG NO.	NAME OF ORGANIZATION			FIXED ASSET MANAGER OR DESIGNEE	
	LOC CODE	ADDRESS	OA/ITSD LOCATION ROOM #		TELEPHONE NO.	
TO	ORG NO.	NAME OF ORGANIZATION			FIXED ASSET MANAGER OR DESIGNEE	
	LOC CODE	ADDRESS	OA/ITSD LOCATION ROOM #		TELEPHONE NO.	
CHECK APPROPRIATE BOX						
<input type="checkbox"/> CHANGE/TRANSFER - A non-expendable property item(s) will be re-assigned to another area/employee in the Department.						
<input type="checkbox"/> LOAN - A non-expendable property item(s) is either being loaned to (1) an employee within the same organization for an extended period; (2) another unit within the Department or (3) an outside entity that is performing services for the Department.						
<input type="checkbox"/> SURPLUS -Information Technology item(s) goes to OA-ITSD All others item(s) to DHSS warehouse						
TAG NO.		ITEM DESCRIPTION	SERIAL NUMBER	END USER'S NAME /POSITION NO.	DATE & INITIALS WIPED	SAM II DOCUMENT NUMBER
DHSS/ OA (White)	ITSD (Yellow)					
COMMENTS:						
RELEASING FIXED ASSET MANAGER OR DESIGNEE SIGNATURE:			PRINT NAME:		DATE:	
RECEIVING EMPLOYEE OR OA/ITSD SIGNATURE:			PRINT NAME:		DATE:	
TRANSPORTED BY :		DATE:	INSTALLED BY:			
ITSD FISCAL STAFF VERIFICATION:		DATE:	(LEFT AT WHAT LOCATION):			
FINANCIAL SERVICES USE ONLY:		RECORDED BY/DATE:		APPROVED BY/DATE:		
MO580-0916 (04/11)						DH-60

DH-60's Instructions**From:**

1. ORG number- Enter the SAM II four digit organization number for the unit that is releasing the fixed asset
2. Name of Organization releasing the fixed asset
3. Contact person or Fixed Asset Manager (FAM)
4. Location Code- Enter the location code that the fixed asset is being released from
5. Physical location
6. OA/ITSD location room #
7. Phone number of the contact person

To:

8. ORG number. Enter the SAM II four digit organization number for the unit receiving the fixed asset
9. Name of Organization receiving the fixed asset
10. Contact person or Fixed Asset Manager (FAM)
11. Location Code-Enter the location code that the fixed asset is being sent to
12. Physical address
13. OA/ITSD location room #
14. Phone number of the contact person

Check Appropriate Box:

15. Change/Transfer- Reassigned to another area or employee within DHSS
16. Loan- Item being loaned for a short period of time (1) to another unit within the Department (2) to outside entity that is performing services for DHSS
17. Surplus- Item being sent to surplus Information Technology item(s) goes to OA-ITSD All others item(s) to DHSS warehouse

Tag Number:

18. DHSS/OA (White)-Enter the number that appears on the white asset tag. If no white tag leave blank
19. ITSD (Yellow)-Enter the number that appears on the yellow ITSD tag

Item Description:

20. Enter a brief description of the item, including make and model

Serial Number:

21. Enter the serial number of the item. Some items have more than one identifying number on them. The serial number is usually preceded by S/N

End User:

22. Enter the current end user's name and position number

Date & Initials Wiped:

23. For office use only

SAM II Document number:

24. For office use only

Comments:

25. Use this space to add any other relevant information that is needed

Authorized Signatures:

26. Releasing Fixed Asset Manager signature or Designee
27. Print Name and Date
28. Receiving Employee or Fixed Asset Manager signature or Designee
29. Print Name and Date

Transported By (ITSD)

30. For any ITSD Tech that is transporting the equipment

ITSD Fiscal Staff:

31. For ITSD use only

Circle One:

32. For ITSD use only

Financial Services:

33. For Property Control use only