## **CITY OF LAREDO HEALTH DEPARTMENT** PROPERTY TRANSFER SLIP

City of Laredo Health Departmenrt - HPP

FROM:

City of Laredo Health Departmenrt - HPP	TO: Webb County  Division / Room #		
Division / Room #			
PROP	ERTY TRANSFERRED		
DESCRIPTION  (Please specify color, dimensions, etc.)	Serial Number	City of Laredo Inventory No. Old	City of Laredo Inventory No.
Iridium 9575 Extreme Satellite Phone	300215011203250	O/O	New
Iridium 9575 Extreme Satellite Phone	300215060017870		
SUPERVISOR TRANSFERRING: Nathan Rubio		1/12	1 .2
Signature		4/13/17 Date	
have checked the listed item(s) and accept responsibility fand accountability of this property.	or the proper custody, care, maintena	nce, safekeeping	
SUPERVISOR RECEIVING: Land Ho	na	4/13/17	
	Signature	/ / Date	

Date

ORIGINAL - PROPERTY OFFICER 1 COPY - TRANSFERRING SUPERVISOR 1 COPY - RECEIVING SUPERVISOR