

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**REQUEST FOR PROPERTY ACTION**

Date of Request: \_\_\_\_\_

<b>Initiating Organization</b>			Custodial Code	
Mailing Address			Admin Code	
City			CAN No.	
State	ZIP Code	Location of Property		
Contact Name	Telephone No.			

Action Requested (*Check one*)

Transfer
New Receipt
Turn in
Disposition Instructions (*Explain in Detail - Use reverse side of form.*)

<b>Receiving Organization</b>	Custodial Code
Location	CAN No.

Barcode/Decal Number	Serial Number	Description of Property <i>(Noun Name, Mfg Name, Model Number, Stock Number)</i>	QTY	Unit of Issue	Cond. <i>(see below.)</i>	Unit Cost	Total Cost

Special Processing Requirements:

Project Officer Assigned    Yes    No    PO Signature: \_\_\_\_\_    Date: \_\_\_\_\_

\*IRM Clearance    Yes    No    IRM Signature: \_\_\_\_\_    Date: \_\_\_\_\_

*\*IRM Equipment certified free of commercial software/sensitive information*

Signature of Property Custodial Officer/Initiator (PCO)	Date	Property Section Only	
Signature of Receiving Official	Date	Property Custodial File Update/Final Property Action	
Signature of Property Accountable Officer (PAO)	Date	Initials of Property Technical/Accountable Officer	Date

Property Voucher Control Number \_\_\_\_\_

<b>Condition Codes: (see FPMR 101-43.48 for definitions)</b> 1 = New                      4 = Usable                      7 = Repairable X = Salvage                      S = Scrap	<b>Distribution</b> Original - Property Accountable Officer 1 Copy - Retained by Requester 1 Copy - Retained by PCO 1 Copy Transfer Receiving Office
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**INSTRUCTIONS FOR COMPLETING HHS-22**

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1. Date of request.
  2. Identify your organization, location, room number, and telephone number.
  3. Custodial area / location code.
  4. Common accounting number and your administrative / custodial code.
  5. Specify what you want to have done.
  6. Provide DATA on the recipient.
  7. Serial number or local decal number. If neither, leave blank. **DO NOT COMBINE MACHINES AND FURNITURE.**
  8. Complete nomenclature of the item(s) stock number, model number, etc. It is necessary to adequately describe the items to insure identification.
  9. Number of units.
  10. Unit of issue: each, set, pkg., etc.
  11. Condition code. See below.
  12. Acquisition cost or best estimate.
  13. Name and signature of Custodial Officer.
  14. Name and signature of individual receiving property.
  15. Signature of Accountable Officer or authorized representative.
  17. Certification by the Accountable Officer when action has been posted to appropriate account.
  18. Number assigned by the Accountable Officer.
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**Condition Codes**

Disposal condition code	Brief Definition	Expanded Definition
1	New . . . . .	Property which is in new condition or unused condition and can be used immediately without modifications or repairs.
4	Usable . . . . .	Property which shows some wear, but can be used without significant repair.
7	Repairable . . . . .	Property which is unusable in its current condition but can be economically repaired.
X	Salvage . . . . .	Property which has value in excess of its basic material content, but repair or rehabilitation is impractical and/or uneconomical.
S	Scrap . . . . .	Property which has no value except for its basic material content.

**Distribution:**

- Original and 2 - To Accountable Officer
- 1 Copy - To Receiving Office
- 1 Copy - Hold