



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

Date of Request:

Initiating Organization			Custodial Code
Mailing Address			Admin Code
			CAN No.
City	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.)

Receiving Organization	Custodial Code
Location	CAN No.

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

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

Condition Codes: (see FPMPR 101-43.48 for definitions)

- 1 = New                  4 = Usable                  7 = Repairable  
 X = Salvage              S = Scrap

Distribution

- Original - Property Accountable Officer    1 Copy - Retained by PCO  
 1 Copy - Retained by Requester            1 Copy - Transfer Receiving Office

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**INSTRUCTIONS FOR COMPLETING HHS-22**

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.
16. Certification by the Accountable Officer when action has been posted to appropriate account.
17. Number assigned by the Accountable Officer.

<b>CONDITION CODES</b>		
<b>Disposal Condition Code</b>	<b>Brief Definition</b>	<b>Expanded Definition</b>
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.

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**ADDITIONAL STEPS REQUIRED IN PMIS WHEN SEEKING APPROVAL FOR THESE TYPES TRANSFERS**

TRANSFER TO NATIVE AMERICAN TRIBAL:

- T1/T5 Status  
 638 Contract Number

TRANSFER TO NON-PROFIT:

- GSA Authority Form

TRANSFER TO ANOTHER GOV AGENCY:

- FACT Trading Partner

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**Distribution:**

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