

1. REQUESTED ACTION:											
<input type="checkbox"/> Issue		<input type="checkbox"/> Transfer		<input type="checkbox"/> Repair		<input type="checkbox"/> Excess		<input type="checkbox"/> FOI		<input type="checkbox"/> Temporary Loan Expiration Date:	
LOSING HAND RECEIPT HOLDER					GAINING HAND RECEIPT HOLDER						
2a. Name:			b. Office Symbol:			3a. Name:			b. Office Symbol:		
c. Hand Receipt Account Number:			d. Work Phone Number:			c. Hand Receipt Account Number:			d. Work Phone Number:		
4. Item No.	5. Bar Tag No.	6. Catalog	7. Nomenclature (include make, model)		8. Cond Code	9. Serial Number	10. ACQ. Date	11. ACQ. Price	12. Document Number/ Control ID#		
13a. Individual/Vendor Removing or Recieving Property:					b. Date		c. Signature				
14a. Losing HRH Signature				b. Date		15a. Gaining HRH Signature				b. Date	
Transfer (PBO use only)											
16a. Losing Command:				b. UIC:		17a. Gaining Command:				b. UIC:	
c. Ship From:					c. Ship To:						
d. PBO:					d. PBO:						
e. Losing Command Signature				f. Date		e. Gaining Command Signature				f. Date	
Logistics (supply use only)											
18a. Received By				b. Date		19a. Posted By				b. Date	