

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	