EQUIPMENT TRANSFER OR RETURN

DATE (Day, mo, yr)	OFFICE PHONE NUMBER

CHECK APPROPRIATE BOX AND COMPLETE RECEIPT NUMBER

☐ EQUIPMENT RETURN FROM HAND RECEIPT NUMBER _____

☐ EQUIPMENT TRANSFER TO HAND RECEIPT NUMBER _____

STOCK NUMBER	SERIAL NUMBER	TAG NUMBER	BARCODE NUMBER

ITEM DESCRIPTION

I.D. NUMBER	DLA REGISTRATION NUMBER	MAKE AND MODEL	CONDITION CODE

REMARKS

POINT OF CONTACT (POC) NAME	POC PHONE NUMBER	LOCATION OF EQUIPMENT

SIGNATURE OF EQUIPMENT SPECIALIST	SIGNATURE OF PERSON INITIATING ACTION	SIGNATURE OF PERSON RECEIVING EQUIPMENT