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|--|---------------------------------------|---|---------------------|
| <b>EQUIPMENT TRANSFER OR RETURN</b>  |                                       | DATE ( <i>Day, Mo, Yr</i> )             | OFFICE PHONE NUMBER |
| CHECK APPROPRIATE BOX AND COMPLETE RECEIPT NUMBER  |                                       |   |                     |
| <input type="checkbox"/> EQUIPMENT RETURN FROM HAND RECEIPT NUMBER _____<br><input type="checkbox"/> 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 |                     |