

EQUIPMENT TRANSFER OR RETURN		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 _____			
<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	