

PERSONAL CUSTODY PROPERTY RECORD/HAND RECEIPT

PROPERTY ISSUED TO:	OPDIV/STAFFDIV	DIVISION/BRANCH	LOCATION: RM./BLDG.
NAME: (LAST) (FIRST) (MI)			

Statement of Responsibility

I have received the item(s) listed below on the date indicated. I accept personal responsibility for the property and will surrender it upon demand, transfer, or separation from the Government. I further understand that failure on my part to exercise responsibility for the care and protection of the item(s) listed below could result in pecuniary liability established in accordance with HHS Logistics Management Manual § 101-27.5210-2.

DESCRIPTION--INCLUDING MAKE, MODEL, SERIAL NUMBER AND ACCESSORIES	NAME OF PERSON RECEIVING PROPERTY	TELEPHONE NUMBER		
	SIGNATURE	DATE		
	RETURNED	DATE		
	RECEIVED-SIGNATURE OF CUSTODIAL OFFICER			
	ITEMS ARE TO BE RETURNED TO:			
NAME OF ISSUING PROPERTY REPRESENTATIVE	SIGNATURE	ISSUING OFFICE	LOCATION	TELEPHONE NUMBER

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