

TYPED OR PRINTED NAME, GRADE, AND ORG.			TO: (RESPONSIBLE OFFICER)	ORG. ACCT. NO.	DATE TO BE RETURNED	
ITEM #	SERIAL, STOCK OR PART NUMBER	BAR CODE	DESCRIPTION	UNIT	QTY	COST
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
I ACKNOWLEDGE RECEIPT AND RESPONSIBILITY FOR ITEMS(S) DESCRIBED ABOVE AND FOR THE QUANTITIES INDICATED IN THE "QTY" COLUMN WHICH WILL BE RETURNED ON OR BEFORE THE DATE SPECIFIED ABOVE.						
DATE	SIGNATURE		PHONE NUMBER	ISSUED BY		

**AF** FORM **1297**  
SEP 76

PREVIOUS EDITIONS WILL BE ISSUED

**TEMPORARY ISSUE RECEIPT**