

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PERSONAL PROPERTY - LOAN RECORD

LENDING AGENCY'S NAME, ORGANIZATION AND ADDRESS:	CUSTODIAL CODE	ACCOUNTABLE AREA CODE	DATE
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BORROWER'S NAME AND ADDRESS (<i>Institution, Organization or Individual</i>)	LOAN PERIOD ONE YEAR OTHER
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BARCODE DECAL NUMBER	DESCRIPTION (<i>prop. no., Mfg. Ser. no., Model no.</i>)	UNIT	QUANTITY	VALUE	COND.

SIGNATURE OF CUSTODIAL OFFICER:	DATE
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SIGNATURE OF APPROVING OPERATING AGENCY HEAD:	DATE

I hereby certify that the necessary records have been established and appropriate annotations have been made on the inventory records to maintain control of property by location.

Signature of Accountable Officer

Date

The property is hereby loaned for official use for the period commencing _____ and ending _____, unless terminated at an earlier date. The borrower agrees to be responsible for any damage and/or repairs necessary as the result of usage, prior to return of property. All transportation costs incident to delivery or return of property will be at the borrower's expense. Justification for loan must be attached to this record. The signature of the borrower indicates his acceptance of the property under the terms cited above and those contained in HHS LMM § 103-27.55.

Signature of Borrower

Date

DISTRIBUTION INSTRUCTIONS

1. Prepare form in quadruplicate.
2. Forward all copies through the Administrative Officer to the Accountable Officer.
3. The second and third copies will be returned to the lender.
4. The fourth copy will be sent to the borrower.
5. On return of the property, the lender shall indicate its return on the third copy and returned to the Accountable Officer.