The Crater Workforce Center						
PERSONAL CUSTODY PROPERTY RECORD/HAND RECEIPT						
PROPERTY ISSUED TO:		DIVISION/Departr	ment/Organization	LOCATION: ROOM/BUILDING	HOME PHONE NO.	
NAME: (LAST)	(FIRST) (M.I.					
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 Crater Workforce Center. 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 the Crater Workforce Center Policy & Procedure Manual.						
PCN/Serial NUMBER	DESCRIPTION (INCLUDING MAKE, MODEL, PCN/SERIAL NUIMBER	AND ACCESSO	RIES)		Date Issued	
NAME OF PERSON RECEIVING PROPERTY TELEPHO		IONE NO.	ITEMS ARE TO BE RETURNED TO: ISSUING OFFICE LOCATION The Crater Workforce Center			
SIGNATURE: DATE						
NAME OF ISSUING PROPERTY CUSTODIAN:		RETURNED: DATE				
SIGNATURE:			RECEIVED - SIGNATURE OF PROPERTY CUSTODIAN:			