

ACS LENDING CLOSET HAND RECEIPT

Hunter Army Airfield, GA, Bldg. 1286 | 912-315-6816

DATE BORROWED:

DUE DATE:

EXTENDED BY / DATE:

NEW DUE DATE:

PRIVACY ACT STATEMENT (5 USC 552a) - AUTHORITY: Title 10 USC, Section 3012. PRINCIPAL PURPOSE: To maintain a record of household items that individual has obtained on loan from ACS. SSN is used for positive identification of individual borrowing items below. ROUTINE USE(S): To obtain information so that an obligation may be secured between ACS and borrower. Form is also used to maintain a record of this action to insure that these items are returned to lender (ACS). MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary; however, failure to provide the requested information will preclude assistance.

| | | | | | | |
|----------------------------------|--|------------|---------------|------|--|-----------------|
| SPONSOR'S NAME (LAST, FIRST, MI) | | RANK | CELL PHONE | UNIT | Personal Official | EMAIL ADDRESSES |
| SPOUSE'S NAME (LAST, FIRST, MI) | | CELL PHONE | EMAIL ADDRESS | | Sponsor's orders, appointment letter, or other documentation must be provided with full SSN indicated. | |

For Staff Use please initial completed actions CTS: check-out hand receipt with orders uploaded check-out extended contact created check-in extended contact created extension entered in CTS (if applicable) check-in extended contact created

STATUS (MARK ONE) PCS IN PCS OUT EMERGENCY OTHER: _____

MARK NUMBER OF ITEMS REQUESTED TO THE RIGHT OF THE ITEM

| Dishes | QTY | FLATWARE | QTY | UTENSILS | QTY | MISCELLANEOUS | QTY |
|--|-----|---------------------------------------|-----|------------------------------|-----|--------------------------------|-----|
| Cereal Bowl | | Knife | | Measuring Cup | | Sleeping Mat | |
| Coffee Cup | | Fork | | Measuring Spoons | | Ironing Board | |
| Saucer | | Teaspoon | | Butcher Knife | | Iron | |
| Plate | | Soup Spoon | | Ladle | | Infant Car Seat | |
| Plastic Drinking Cup | | Steak Knife | | Can Opener | | Toddler Car Seat | |
| Water Pitcher | | | | Potato Peeler | | Toaster | |
| Mixing Bowl (metal, no lid) | | | | Spatula | | Folding Table | |
| Boxed Set of Dishes | | COOKWARE | | Serving Fork - plastic/metal | / | Folding Chairs | |
| | | Crock Pot (Small or Large) | | Serving Spoon solid/slotted | / | High Chair | |
| | | Skillet - small / large | / | Colander (strainer) | | Booster Seat (car) | |
| Hospitality Kit (content list on tote) | | Pot w/lid - sm/med/lg | / / | Dish Drainer | | Portable Crib | |
| Essentials Kit (content list on tote) | | | | Cutting Board - med / lg | / | Small Stroller | |
| | | Glass Baking Dish - bread / casserole | / | Cutlery tray | | Clear Plastic Tub | |
| | | Coffee Machine | | | | Large Black Tote w/ Yellow Lid | |
| | | | | | | | |
| | | | | | | | |

Notes (enter in CTS):

| | |
|-----------|----------------------|
| ISSUED BY | CHECKED IN BY / DATE |
|-----------|----------------------|

ACS LENDING CLOSET POLICY

1. A valid military ID card and copy of orders must be shown in order to use the Lending Closet.
2. Borrower is responsible for returning all items listed below by the indicated due date. Items overdue in excess of 14 working days will result in notification to chain of command.
3. All items listed below are in serviceable condition and must be returned in the same condition.
4. All items are property of the United States Government. **REPLACEMENT OF EXACT/SIMILAR ITEM** is required for all lost or damaged items.
5. Before returning, all items must be washed, dried and all pieces returned (i.e. pot with lid).
6. Extensions, when circumstances warrant, may be granted by contacting us **on or before the due date** in person at 171 HALEY AVE., Bldg. 1286 or by phone at 912-315-6816.
7. Signature indicates that you have checked all the items, accept responsibility for their return in a clean, serviceable condition **on or before the due day**, and understand all above conditions/provisions and will comply.
8. Call to make an appointment to turn-in items.

Printed Name _____

Signature _____

Date _____

ACS LENDING CLOSET HAND RECEIPT

Fort Stewart, GA, Bldg. 4973 | (912) 767-0986 / 435-9646

Hunter Army Airfield, GA, Bldg. 1286 | (912) 315-6816

DATE RECEIVED:

DUE DATE:

EXTENDED DUE DATE 1:

EXTENDED DUE DATE 2:

PRIVACY ACT STATEMENT (5 USC 552a) - AUTHORITY: Title 10 USC, Section 3012. PRINCIPAL PURPOSE: To maintain a record of household items that individual has obtained on loan from ACS. SSN is used for positive identification of individual borrowing items below. ROUTINE USE(S): To obtain information so that an obligation may be secured between ACS and borrower. Form is also used to maintain a record of this action to insure that these items are returned to lender (ACS). MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary; however, failure to provide the requested information will preclude assistance.

| | | | | | | | |
|--|--|---|---------------|---|--|--|--|
| SPONSOR'S NAME (LAST, FIRST, MI) | | RANK | CELL PHONE | UNIT Staff Duty Phone | EMAIL ADDRESSES Personal Official | | |
| SPOUSE'S NAME (LAST, FIRST, MI) | | CELL PHONE | EMAIL ADDRESS | | Sponsor's orders, appointment letter, or other documentation must be provided with full SSN indicated. | | |
| <i>For Staff Use please initial completed actions</i> CTS: _____ check-out hand receipt with orders uploaded _____ extension entered in CTS (if applicable) | | _____ check-out extended contact created _____ check-in extended contact created | | STATUS (MARK ONE) <input type="checkbox"/> PCS IN <input type="checkbox"/> PCS OUT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER: _____ | | | |

MARK NUMBER OF ITEMS REQUESTED TO THE RIGHT OF THE ITEM

| Dishes | QTY | FLATWARE | QTY | UTENSILS | QTY | MISCELLANEOUS | QTY |
|--|-----|---------------------------------------|-----|------------------------------|-----|----------------|-----|
| Cereal Bowl | | Knife | | Measuring Cup | | Iron | |
| Coffee Cup | | Fork | | Measuring Spoons | | Ironing Board | |
| Saucer | | Teaspoon | | | | | |
| Plate | | Soup Spoon | | Ladle | | Sleeping Mat | |
| Plastic Drinking Cup | | Steak Knife | | Can Opener | | | |
| Water Pitcher | | Butcher Knife | | Potato Peeler | | Folding Table | |
| Mixing Bowl (metal, no lid) | | | | Spatula | | Folding Chairs | |
| Boxed Set of Dishes | | COOKWARE | | Serving Fork - plastic/metal | / | | |
| Mixing Bowl Set w/Lids (6pcs) | | Crock Pot - small / large | / | Serving Spoon solid/slotted | / | Plastic Tub | |
| | | Skillet - small / large | / | Colander (strainer) | | | |
| Hospitality Kit (content list on tote) | | Pot w/lid - sm/med/lg | / / | Dish Drainer | | | |
| Essentials Kit (content list on tote) | | Toaster | | Cutting Board - med / lg | / | | |
| | | Glass Baking Dish - bread / casserole | / | Cutlery tray | | | |
| | | Coffee Machine | | Cheese Grater | | | |
| | | Baking Pan (round or rectangle) | | Oven Mitt | | | |
| | | Tea Kettle (stovetop) | | Hot Pad | | | |

Notes (enter in CTS):

| | | | |
|-----------------------|---------------------------|---------------------------|---------------------------|
| ISSUED BY NAME & DATE | CHECKED IN BY NAME & DATE | EXTENDED BY NAME & DATE 1 | EXTENDED BY NAME & DATE 2 |
|-----------------------|---------------------------|---------------------------|---------------------------|

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4. All items are property of the United States Government. **REPLACEMENT OF EXACT/SIMILAR ITEM** is required for all lost or damaged items.
5. Before returning, all items must be washed, dried and all pieces returned (i.e. pot with lid).
6. Extensions, when circumstances warrant, may be granted by contacting us **on or before the due date** in person at 1145 Niles Ave., Bldg. 4973 or by phone at (912) 767-0986/435-9646.
7. Signature indicates that you have checked all the items, accept responsibility for their return in a clean, serviceable condition **on or before the due day**, and understand all above conditions/provisions and will comply.
8. Call to make an appointment to turn-in items.

Printed Name _____

Signature _____

Date _____