HEADQUARTERS UNITED STATES ARMY CORPS OF ENGINEERS

PROPERTY PASS

Name of Person Removing Property: _____ *(print/type)* _____ *(signature)*

Office Symbol: _____ Telephone Number: _____

Hand Receipt Account: _____ Date: _____

ITEM NUMBER	BAR CODE NUMBER	SERIAL NUMBER	NOMENCLATURE/DESCRIPTION *(state contents of container)*

Agency Property	Return Date	Pass Expiration Date	Hand Receipt Holder's Signature
Yes ☐ * No ☐	_____	_____	_____

** Owner or Company Rep Signature*

PBO Signature Authority/or Representative

_____ *(print)*

_____ *(sign)*

_____ *(date)*

_____ *(time)*

Guard's Name

_____ *(print)*

_____ *(sign)*

_____ *(date)*

_____ *(time)*

Attachment 1