Special Equipment Record/Temporary Hand Receipt

LAST NAME, FIRST NAME, MI	**INSTRUCTIONS:** Entries in INK except size or rank which are in PENCIL. Enter quantity of each item possessed by individual. Advance ALL totals to next column on any item changes. Use a forward slash (/) to indicate a ZERO quantity. Connect consecutive zero cells with a vertical line between slashes. Individual's signature and date required.

SPECIAL EQUIPMENT	Auth Alw	1	2	3	4	5	6	7	8	9	10	11	12	13	14
I assume responsibility for maintenance and safe keeping of all items issued to me. I will return them or pay for them if lost. **SIGNATURE AND DATE** →															

CACC Form 101 (Aug 11)
Previous Editions May Be Used