

EMPLOYEE PERSONAL PROPERTY REMOVAL AUTHORIZATION

NAME(Last, First, MI)	Org Code	Phone #
Item Description	Make	Model
Tag Number	Serial Number	Exp. Date

RECEIPT ACKNOWLEDGMENT

I hereby acknowledge receipt for the item listed above and will hold myself accountable for its safety. I understand that DOE is not responsible nor financially liable for loss, theft, damage or destruction of employee's personal property bought into DOE's facilities.

Signature of Property Recipient

Date

Accountable Property Representative (APR)
Digital Signature

Date

This form replaces form HQ F 1400.25