

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

DATE ISSUED

DATE EXPIRES

PROPERTY PASS

DESCRIPTION OF PROPERTY (Model, Manufacturers serial no., HHS property number)

REASON FOR REMOVAL

NAME OF BORROWER

NAME OF CUSTODIAN (Print)

TELEPHONE NUMBER

PROPERTY BELONGS TO (Bureau, Division)

SIGNATURE OF PERSON AUTHORIZING REMOVAL OF PROPERTY

CUSTODIAL AREA LOCATION (Bldg./Room)

TITLE

HHS-679 (11/86)