



**NATIONAL INSTITUTES OF HEALTH
GAITHERSBURG DISTRIBUTION CENTER
16050 INDUSTRIAL DRIVE, GAITHERSBURG, MD 20877
(301) 496-4247**



IC Partial Property Return Request

IC PAO Name: _____ Phone #: _____ IC PCO Name: _____ Phone #: _____
(Signature) (Signature)

IC: _____ Property Return Date: _____

List all assets to be returned to the IC.

Item Description	Serial Number:	Decal Number:	Other

IC Accountable User Information (Receiver): _____ Phone #: _____
(IC, Print and Signature)

GDC Personnel Information (Issuer): _____
(Print and Signature)

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All assets stored over 1 year without extension approval by the PMB personnel will be considered abandoned and processed as excess property.