

<p>Report of Lease Property Returned to Vendor</p>	<p>Voucher No.</p>
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Voucher No.

Transferred From		Transferred To	
Contact's Name	ICD	Name of Vendor	
Phone No.	Building/Room	Full Address	
CAN	Custodial Code		
Name of last user of property		Contract/P.O. No.	
I certify that: <i>(check one)</i> <input type="checkbox"/> Form NIH 2683, "Certification that Property is Free from Hazards," has been completed and attached to each property item. <input type="checkbox"/> All property items listed are EXEMPT from hazardous clearance procedures since they were not used in laboratory or clinical areas.		Explain reason for return of property	
Approval <i>(Signature of Lab or Branch Chief)</i>	Date		
Signature of Property Custodial Officer	Date	Vendor's Acceptance Signature	Date
ICD Property Representative	Date	Printed Name	

[illegible]

Processed by Property Accountability Section, PPB (*employee's name*)

Date	
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Processed by Property Utilization Section, PPB (*employee's name*)

Date