



EMPLOYEE UNIFORM AND PROPERTY ISSUE DOCUMENTATION

EMPLOYEE NAME (LAST NAME, FIRST NAME, MI) _____ SERVICE OR DIVISION _____

POSITION TITLE _____ TCPF NO. _____

ISSUED			DESCRIPTION			RETURNED			SALVAGE OR RETURN
QTY.	DATE	INITIALS	COLOR	ITEM	SIZE	QTY.	DATE	INITIALS	

AGREEMENT

By my signature below I am agreeing that the above listed Government property issued to me is in good condition, and I may have the full value of the items deducted from my pay if they are lost or unreasonably damaged upon their return at separation of service.

SIGNATURE OF EMPLOYEE _____

CERTIFICATION

I certify that the above named employee is entitled to the clothing listed.

SIGNATURE OF OF CERTIFYING OFFICIAL _____

VA FORM 10-1148
MAR 2006

EMPLOYEE NAME (LAST NAME, FIRST NAME, MI) _____