

**INTERIM HAND RECEIPT**

For use of this form, see ER 700-1-1; the proponent agency is CELO-MS

TAG NUMBER	NOMENCLATURE	NSN/MCN	SERIAL NUMBER	LOCATION	HRA
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I, THE UNDERSIGNED, ACKNOWLEDGE RECEIPT OF THE ABOVE ITEM.

1. PRINTED NAME	2. DATE (YYYYMMDD)	3. SIGNATURE
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4. ADDITIONAL COMMENTS, NOTES, INSTRUCTIONS OR REMARKS