

## RECORD OF PERSONAL EFFECTS

For use of this form, see AR 638-2; the proponent agency is ODCSPER

|  |                                       |  |   |                 |
|--|---------------------------------------|--|---|-----------------|
| 1. LAST NAME, FIRST NAME, MIDDLE INITIAL                 |                                       | 2. GRADE   | 3. SERVICE NUMBER/SSN                       |                 |
| 4. ORGANIZATION  |                                       |  |   |                 |
| 5. STATUS ( <i>Deceased, Missing, or Captured</i> )      |                                       | 6. DATE OF STATUS  | 7. PLACE                                    |                 |
| 8. INVENTORY OF EFFECTS                                  |                                       |  | 9. FUNDS/NEGOTIABLE INSTRUMENTS             |                 |
| a. QUANTITY  | b. ITEM                               |  | a. TRANSMITTED TO RECIPIENT                 |                 |
|  |                                       |  | b. FUNDS DEPOSITED OR OTHERWISE DISPOSED OF |                 |
|  |                                       |  | (1) AMOUNT AND DESCRIPTION                  | (2) DISPOSITION |
|  |                                       |  |   |                 |
| <b>ATTACH SUPPLEMENTAL SHEET FOR ADDITIONAL ITEMS.</b>   |                                       |  |   |                 |
| 10. EFFECTS SHIPPED TO:                                  |                                       | 11. DATE AND METHOD OF SHIPMENT ( <i>B/L No., Registry No., etc.</i> )                                 |   |                 |
| 12. SUMMARY COURT OR COMMANDING OFFICER'S REPRESENTATIVE |                                       |  |   |                 |
| a. SIGNATURE   |                                       | 13. <i>I acknowledge receipt of all articles listed in Block 8 and all items recorded in Block 9a.</i> |   |                 |
| b. TYPED NAME AND GRADE                                  | c. DATE                               | a. SIGNATURE OF RECIPIENT  |   |                 |
| d. ORGANIZATION  | b. PRINTED OR TYPED NAME OF RECIPIENT | c. DATE  |   |                 |