

VIDEOTAPE RETURNS

SUPPORTING DIRECTIVE BUPERSINST 1710.15A

ACCOUNT NUMBER:	SITE NAME:
VIDEOTAPES MUST BE SHIPPED VIA TRACEABLE MEANS AND INSURED FOR AT LEAST \$100.00.	
<u>WHEN USING U.S. MAIL SEND TO</u>	<u>WHEN USING OTHER CARRIERS SEND TO</u>
NAVY MOTION PICTURE SERVICE P O BOX 606 MILLINGTON, TN 38053-0606	NAVY MOTION PICTURE SERVICE 7736 KITTYHAWK AVE, BLDG 457 MILLINGTON, TN 38054-6510

PROGRAM NUMBER (ALL 7 DIGITS)	TITLE OF MOVIE	EXPIRED MOVIE	RETURNED EARLY	DAMAGED MOVIE REPLACE	
				YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAKE AS MANY COPIES OF THIS FORM AS REQUIRED TO IDENTIFY BOX CONTENTS

SIGNATURE:	DATE:
NAME/RANK/POSITION:	
COMMERCIAL/DSN PHONE NUMBER:	FAX: