

500 CARR 177 STE. 161
 BAYAMON, PR 00959
 787-774-0298
 FAX 787-774-1314

**USCG BASE SAN JUAN
 MWR DIVISION
 INVOICE**

Name:		
Work Location:	Work #:	Home#:

ISSUE:

Issue Date:	Date of Return:	Employee Initials:
-------------	-----------------	--------------------

Qty.	Equipment	Daily Rate	Wkd Rate	Replacement Cost	extended Cost
	Balls(basket, volley, soccer, 3 tennis, etc)	Sign Out	Sign Out	25.00	
	1 Tennis Racquet	Sign Out	Sign Out	25.00	
	Pop Corn Machine	5.00	7.00	45.00	
	Snorkeling set	7.00	10.00	30.00	
	Boogie Board	7.00	10.00	100.00	
	Rectangular Tables (Pending Availability)	2.50	3.75	215.00	
	Plastic Chairs (Pending Availability)	1.00	1.50	22.00	
	Coolers and Water Jugs	5.00	7.50	20.00	
	Propane Gas (Standard Rate regardless of used amount)	10.00	15.00	25.00	

**IF EQUIPMENT IS NOT RETURNED BY 2:00 PM
 ON DUE DATE, I AGREE TO PAY A \$5.00 CHARGE
 PER ITEM PER DAY**

RETURN

Employee Initials:		
Return Date:		
Condition of Equip:		
Deposit Returned:		
Additional Charges		
Per Day:		
Cleaning Fee:		
Total Due:		
Paid:	Cash:	Check(#):
Receipt#		

Total Due:

Paid:	Cash CC	Check (#):	Receipt#
Deposit:	Cash CC	Check(#):	Receipt#

*I will abide by all rules and regulations set forth by the MWR Department

•Break it or lose it you pay the replacement cost

 Name (please print)

 Signature