VIDEOTAPE RETURNS FORM

ACCOUNT NUMBER: _____-___ **SITE NAME:** _____

Videotapes must be shipped via traceable means and insured for at least $100.00.

WHEN USING U.S. MAIL	WHEN USING OTHER CARRIERS
NAVY MOTION PICTURE SERVICE	NAVY MOTION PICTURE SERVICE
P.O. BOX 606	7736 KITTYHAWK AVE BLDG 457
MILLINGTON TN 38053-0606	MILLINGTON TN 38054-6510

PROGRAM NUMBER (ALL 7 DIGITS)	TITLE OF MOVIE	EXPIRED MOVIE	RETURNED EARLY	DAMAGED MOVIE REPLACE (Y/N)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)
_____ _____	_____	( )	( )	(YES) (NO)

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

SIGNATURE: _____ **DATE SHIPPED:** ___/___/___

PRINT NAME/RANK/POSITION: _____

COMMERCIAL/DSN PHONE# _____ **FAX:** _____