Returnable Container Record

Container Number	Order/Contract Number	Date:
Vendor	MFR. P/N:	Type of Gas:
Serial Number		Customer Name:
Building:	Room:	Code:

Return container to GSFC Supply and Equipment Mgmt. Branch, Code 279, or call extension 6-5219 for pick up.

Issued to:			Date Returned to Vendor:
Building:	Room:	Code:	

GSFC Form 20-44 (10/09) Returnable Container Record. Previous editions are obsolete.

Code 279