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| **Asortment Reimbursement Form** | | | | |
| **Name:** | | | | **Bag numer:** |
| **FOS:** | **Unit Organization:** | | | **Date of Turn In:** |
| **Inventoried (Yes or No):** | | | | **Date Received:** |
| **Item Description** | **NSN (if applicable)** | **Quantity** | **Unit Price** | **Missing Or Damaged** |
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|  | **TOTAL:** |  |  |  |
| **E7 or above in the Chain of Comand must validate the claim of all lost, damaged or missing laundry** | | | | |
| **Comments:** | | | | |
| **Service Member Signature** |  | | **Date:** |  |
| **Chain of Command**  **Signature** |  | | **Date:** |  |
| **GSE Representitive**  **Signature** |  | | **Date:** |  |
| **GSU Representative**  **Signature** |  | | **Date:** |  |
| **Contractor Signature** |  | | **Date:** |  |