## AFH Furnishings Authorizations - Customer Request Form

| Customer Rank & Name:             |                                   |   |  | Date:  |  |   |                                      |                        |              |
|-----------------------------------|-----------------------------------|---|--|--|--|---|--------------------------------------|------------------------|--------------|
| Tel. Numbers: Work:               |                                   | Home: Cell:   |  |  | II:  |   |                                      |                        |              |
| Local Home Address (not CMR):     |                                   |   | PLZ / City:  |  |  |   |                                      |                        |              |
| A. Issue                          |                                   | Initial   | Initial Temp Loan * Exchange/Damage  |  |  | Moving  | Lea                                  | ving                   |              |
|                                   | B. Turn-In                        | Rcv'd HHG   | Ten  | np Loan *  | Exchange/Damage  | Moving  | Lea                                  | ∨ing                   |              |
| QTY.                              | Furnishings Item                  |   |  | Authorizat   | tion   |   |                                      | Loaner<br>MIL          | Loane<br>CIV |
|                                   | Bed, Double: Slat                 |   |  | 1 Per Dwelling   | g  |   |                                      | 1                      | 1            |
|                                   | Mattress, Double: HDFM            |   |  | 1 Per Dwelling   | g  |   |                                      | 1                      | 1            |
|                                   | Cover, Mattress: Dbl              |   |  | 1 Per Dwelling   | g  |   |                                      | 1                      | 1            |
|                                   | Bed, Single: Slat                 |   |  | 1 Per Depend   | dent without Spouse  |   |                                      | <b>←</b>               | <b>←</b>     |
|                                   | Mattress, Single: HDFM            |   |  | 1 Per Depend   | dent without Spouse  |   |                                      | <b>←</b>               | <b>←</b>     |
|                                   | Cover, Mattress: Sgl              |   |  | 1 Per Depend   | dent without Spouse  |   |                                      | <b>←</b>               | +            |
|                                   | Cabinet Kitchen                   | Permanent Iss   | sue (P.I.)   | 3 Pieces 1-do  | oor kitchen cabinets per ap  | artment **  |                                      | <b>←</b>               | <b>←</b>     |
|                                   | Chair, Dining: w/o Arms           |   |  | Minimum 4 pe   | er dining table depending o  | n family size   |                                      | <b>←</b>               | <b>←</b>     |
|                                   | Chair, Easy                       |   |  | 2 Per Dwelling   | g  |   |                                      | 2                      | 2            |
|                                   | Chest or Dresser ***              |   |  | 1 Per Family   | Member but not more than   | 3 pieces  |                                      | <b>←</b>               | <b>←</b>     |
|                                   | Sofa (Davenport)                  |   |  | 1 Per Dwellin  | ng   |   |                                      | 1                      | 1            |
|                                   | Table, Coffee                     |   |  | 1 Per Dwelling   | g  |   |                                      | 1                      | 1            |
|                                   | Table, Dining                     |   |  | 1 Per Dwelling   | g  |   |                                      | 1                      | 1            |
|                                   | Table, End                        |   |  | 2 Per Dwelling   | g  |   |                                      | 2                      | 2            |
|                                   | Table, Night                      |   |  | 1 Per Family   | Member or Authorized Indi  | vidual  |                                      | <b>←</b>               | +            |
|                                   | Wardrobe                          | Down on out Is  |  | 1 Por Individu   | ıal + 1 Per Household **   |   |                                      | <b>←</b>               | <b>←</b>     |
|                                   |                                   |   |  |  |  |   |                                      | 1                      | 1            |
|                                   | Range                             |   |  | 1 Per Dwelling   |  |   |                                      | 1                      | 1            |
|                                   | Refrigerator                      |   |  | 1 Per Dwelling   |  |   |                                      | 1                      | 1            |
|                                   | Dishwasher                        |   |  | 1 Per Dwelling   |  | or EURO (circle one   | ,                                    | 1                      | 1            |
|                                   | Washing Machine  Dryer            |   |  | 1 Per Dwelling 1 Per Dwelling  |  | or EURO (circle one   |                                      | 1                      | 1            |
| Garrisor Co Cu * Kito will ** For | •                                 | ransportation docume ustomers only receive ans who are not author furniture may retain a pes are not authorize approved by the hous resser can be issued to | nts to the authorized LQ a maximus if they sing inspecto the spector to the spector in the spect | e Housing officed furniture to A are not eligum of 90 days exist in assignment, based onsor. | ice and comply with AR to replace items in Gove gible for housing furnitus inbound or 60 days our led quarters. If authori | 420-1 para. 3-69 g. & rnment non-temporar re support. tbound (except for "Pezed, the number of ki | ry storage. ermanent Is tchen cabine | sue" iter<br>ets issue | ms)          |
| ELIVE                             | RY / TURN-IN (circle one) DA      | ATE:  |  | _  | COUNSELOR: _   |   |                                      |                        |              |
| Deliv                             | /ery / Turn-in (circle one) is so | cheduled between the  | hours of   | ·  |  | nces between  |                                      |                        |              |

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_\_
Housing Office Telephone numbers: DSN \_\_\_\_\_ or CIV: \_\_\_\_\_ Fax: \_\_\_\_\_

## **UPH Furnishings Authorizations - Customer Request Form**

| Customer Ran  | k & Name:                     |           |             |                 | Dat    | te:       |  |
|---------------|-------------------------------|-----------|-------------|-----------------|--------|-----------|--|
| Tel. Numbers: | Work:                         |           | Home:       |                 | Cel    | l:        |  |
| Local Home A  | ddress (not CMR):             |           |             |                 | PL     | Z / City: |  |
|               | Issue                         | Initial   | Temp Loan * | Exchange/Damage | Moving | Leaving   |  |
|               | all applicable items) Turn-In | Rcv'd HHG | Temp Loan * | Exchange/Damage | Mo∨ing | Leaving   |  |

| QTY. | Furnishings Item   | Authorization  | BKS<br>UPH | NCO<br>UPH | Offpost<br>UPH | Loaner<br>CIV* |
|------|--|--|------------|------------|----------------|----------------|
|      | Bed, Double: Slat  | 1 Per E5 and above or Authorized Civilian Bachelor                           | 0          | 1          | 1              | 1              |
|      | Mattress, Double: HDFM                                   | 1 Per E5 and above or Authorized Civilian Bachelor                           | 0          | 1          | 1              | 1              |
|      | Cover, Mattress: Dbl                                     | 1 Per E5 and above or Authorized Civilian Bachelor                           | 0          | 1          | 1              | 1              |
|      | Bed, Single: Platform, Slat, Stackable or Slat Stackable | 1 Per E1-E4, for offpost usage bed single slats                              | 1          | 0          | 0              | 0              |
|      | Mattress, Single: HDFM                                   | 1 Per E-1 - E-4  | 1          | 0          | 0              | 0              |
|      | Cover, Mattress: Sgl                                     | 1 Per E-1 - E-4  | 1          | 0          | 0              | 0              |
|      | Bookcase   | 1 Per Dwelling   | 0          | 1          | 1              | 0              |
|      | Cabinet Kitchen  | 3 Per Apartment on the Economy **  | 0          | 0          | 3              | 3              |
|      | Chair, Dining: w/o Arms                                  | 1 Per E-1 - E-4, 3 per NCO or Authorized Civilian Bachelor with Table Square | 1          | 3          | 3              | 3              |
|      | Chair, Easy  | 1 Per Dwelling   | 0          | 1          | 1              | 1              |
|      | Chest 3 DR   | 1 Per Dwelling   | 1          | 2          | 2              | 2              |
|      | Dresser or a 6 drw. chest or two 3 drw. chests           | 1 Per Dwelling   | 0          | 1          | 1              | 0              |
|      | Desk, Student  | 1 Per Dwelling   | 1          | 1          | 1              | 0              |
|      | Lamp, Table  | 1 Per Dwelling, 2 Per NCO or Civilian  | 1          | 2          | 2              | 0              |
|      | Mirror   | 1 Per Dwelling   | 1          | 1          | 1              | 0              |
|      | Sofa (2 Seat)  | 1 Per Dwelling   | 0          | 1          | 1              | 1              |
|      | Table Coffee   | 1 Per Dwelling   | 0          | 1          | 1              | 1              |
|      | Table Square   | 1 Per Dwelling   | 0          | 1          | 1              | 1              |
|      | Table, End   | 1 Per UPH Member   | 0          | 1          | 1              | 1              |
|      | Table, Night   | 1 Per UPH Member   | 1          | 1          | 1              | 1              |
|      | TV - Stand   | 1 Per UPH Member   | 1          | 1          | 1              | 0              |
|      | Wardrobe   | 2 Per Individual if not built in   | 2          | 2          | 2              | 2              |
|      | Dryer  | 1 Per Apartment on the Economy / Shared usage in UPH                         | 0          | 0          | 1              | 1              |
| _    | Microwave  | When unit has small built in kitchen / Shared usage in UPH                   | 0          | 0          | 0              | 0              |
|      | Range 24"  | 1 Per Apartment on the Economy   | 0          | 0          | 1              | 1              |
|      | Refrigerator, 9.5 CFT                                    | Shared Usage in UPH<br>1 Per Dwelling on Economy, BOQ / SBEQ / Civilians     | 0          | 1          | 1              | 1              |
|      | Washing Machine  | 1 Per Apartment on the Economy   | 0          | 0          | 1              | 1              |

## NOTES:

- Contractor personnel & civilians who are not authorized LQA are <u>not eligible</u> for UPH furniture support.

  Civilian UPH customers are authorized loaner furniture and will not retain over a maximum of 90 days for inbound or 60 days for outbound personnel. Kitchen Cabinets and wardrobes are <u>not authorized</u> if they exist in assigned quarters. If not, the number of 1 door kitchen cabinets will be determined by the size of the kitchen and not to exceed 3 pieces.

| DELIVERY / TURN-IN (circle one) DATE:                             | COUNSELOR:                        |
|---|-----------------------------------|
| Delivery / Turn-in (circle one) is scheduled between the hours of | hrs. (for Appliances betweenhrs.) |
| CUSTOMER SIGNATURE:   | DATE:                             |
|   |                                   |