FORT BELVOIR DFMWR FIXED ASSET TRANSMITTAL COVER

GARRISON:	RE	FUND:	1	
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LOCATION: 6H

NAME THE PDF FILE THIS: **RE16HACTAUG20180828A**

FACILITY: DFMWR PROPERTY BOOK OFFICE

SUBMISSION SUFFIX (A = ORIGINAL, B = RESUBMISSION #1,etc) A

TODAYS DATE(YYYYMMDD): 20180828

TRANSACTION MONTH: AUG BUSINESS MONTH: JUN

Number of Pages

- 2 Fixed Asset Load Sheets
- 14 Supporting Documents for Fixed Asset Load Sheets Fixed Asset Inventory with Supporting Documents
- 1 Transmittal Cover and Others

17 | TOTAL PAGES SCANNED

Comments:		
Jim Burnett	DSN: 655-3675	james.a.burnett.naf@mail.mil

FORT BELVOIR, VIRGINIA DFMWR **FIXED ASSET**

REPORTING FORM

	REPO	Fixed Asset #:	RE16HU3414		
✓ Add New Asset	Char	ige Asset			
Delete Asset					
Add, Change, Delete	2:				
Installation Code	RE		Physical Location Acquisition Cost	BDG 778	
Fund Code Location Code	1 6H		Months To Depreciate Depreciation To Date	\$49,300.00 N/A	
Subledger Asset #	U 3414		Date of Receipt	180618	(yymmdd)
Nomenclature TRAILER TRAVEL Quantity Department GL				4	
Project Co	ode Purchase D	ocument	Desci	ription	
B-Line: UFMA	1806	201	19 COACHMEN VIKING	3 17BH	
		0, 5ZT2VV	NFC5KJ120631, 5ZT2V\	WFC6KJ120671,	
D-Line: 5ZT2VWF	C8KJ120669				
Remarks:					1
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Digitally signed by BURNETT.JAMES. A.1230303050 Date: 2018.08.28 09:56:52 -04'00'

Signature:

180828 Date:

Project Code: UFMA 1806

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved OMB No. 0704-0248

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0248). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.

	SEND THIS FORM IN A	CCORDAN	CE WITH THE INSTR	RUCTIONS	CONTAINED II	THE DF	ARS, APPEND	IX F-401.	
PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO.			ORDER NO. 6. INVOICE NO./DATE			7.	PAGE OF	8. ACCEPTANCE POINT	
	NAFIB4-18-M-0191				07/10/2018	1 1			
2. SHIPMENT N	O. 3. DATE SHIPPED	4. B/L			5. DISC	OUNT TE	RMS		
9. PRIME CONT Restless Whee Attn: Robert H 8104 Centervil Manassas, VA 11. SHIPPED FR	ls Inc lelbock lle Rd	066766296	FOB:	Vaness PHONI FAX: 7 vanessa	MINISTERED BY a Kessler-Rice 3: 703-696-7046 03-696-3064 a.b.kesslerrice.na MENT WILL BE M	ıf@mail.r	nil	DDE IB4-KESSLER RIO	
			DFAS Text ACCOUNT PO BOX 6		2. PAYMENT WILL BE MADE BY DFAS Texarkana ACCOUNTS PAYABLE (Fort Belvoir) O BOX 6111 EXARKANA TX 75505-6111 USA				
13. SHIPPED TO Ft Belvoir Out 10155 Johnston Fort Belvoir, V	door Rec n Road, Building 778			14. MAI	RKED FOR	,	CC	DDE	
15. ITEM NO.	16. STOCK/PART NO. DESCRIPTION (Indicate number of shipping containers - type of container - container number.)				17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT	
0001	2019 Coachmen Viking 17BH Travel Trailer 5ZT2VWFC6KJ120671, 5ZT2VWFCKJ120631 5ZT2VWFC8KJ120669, 5ZT2VWFC4KJ20670				4		123	25 49300	
0002	2018 Coachmen Viking V 5ZT1VKAC3J5014084, 5	ZTIVKAC3.		4 d	2		130	26000	
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23. CONTRAC	CTOR USE ONLY								

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved OMB No. 0704-0248

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0248). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB.

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	Director		TITLE: ODR Direct						
MAILING ADDRESS:			MAILING ADDRESS:				NUMBER:	CIAL TELEPHONE : 703-	-805-1488
5820 21st Street, S					10, Fort Belvoir, VA 22060 * If quantity received by the Government is the				
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RESTLESS WHEELS, INC.

8104 Centreville Road (Rte 28) MANASSAS, VIRGINIA 20111-2220 (703) 257-1067 • Fax: (703) 257-1176

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10 W A	Approved			SIGNED	^					BUYER
		A PLAIN LANGU	JAGE PUR	CHASE AGR	EEMEN	T Copyright @1983	JENKINS BUSIN	ESS FORMS (800) 851-	.4424 Bev.08/09	



FOREST RIVER, INC.

DATE

INVOICE NO

5/23/2018

S0271822

VEHICLE IDENTIFICATION NO

MAKE

5ZT2VWFC8KJ120669

2019

VIKING TOWABLE

BODY TYPE

H.P. (S.A.E.)

18'1"

SHIPPING WEIGHT 2952

TRAVEL TRAILER

SERIES OR MODEL

3756

VIKING TOWABLE

LENGTH WITH HITCH . WIDTH

WITHOUT HITCH

VWT17BH

I. the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR DEALER ETC.

RESTLESS WHEELS 8104 CENTREVILLE RD. MANASSAS, VA 20111-2220 USA

If the vehicle described hereon is a motor home the undersigned certifies that it is equipped with at least four of the following life support systems; cooking, refrigeration or ice box, self-contained toilet, heating and/or air conditioning, a potable water supply system including a faucet and sink, separate 110-115 volt electrical power supply and/or an LP gas supply, all of which meet the ANSI A119.2 standards.

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

FOREST RIVER, INC.

VWJ120669

HORIZED REPRESENTATIVE)

(AGENT

900 COUNTY ROAD 1 **ELKHART, IN 46515**

CITY-STATE