|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To | : | Quartermaster (QM) and PO(Trg) |  | By E-mail (Email Address) |
| cc | : | DComdt (O&T), DComdt (S&D), CES & AOO |  |  |
| From | : |  | (Unit |  | ) |
|  | (E-mail / Fax no. |  | Tel No. |  | ) |

**STORE INDENT**

|  |  |
| --- | --- |
| The indent is for | \*Day / Evening / Weekend / Camp Training / Social Service / Others: (cross out the inappropriate) |
|  |  |
| From (Date) |  | To |  |

**\*Day visit / Accommodation** (\*Barrack / Field)

|  |  |  |  |
| --- | --- | --- | --- |
| Sex | HKAC Instructors | \*Cadets or Outsiders: \*camp users / students | \*Teachers / Leaders / Guests |
| Female |  |  |  |
| Male |  |  |  |

**Ration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Food | Date / TimeType#1 / No. | Date / TimeType#1 / No. | Date / TimeType#1 / No. | Date / TimeType#1 / No. |
| Breakfast |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

#1 Hot Meal / Ration Rack / BBQ / Take Away

**Training Facilities / Classrooms**

|  |  |  |  |
| --- | --- | --- | --- |
| Location / Facilities | Purpose(#2 and name of leading instructor) | Date | Duration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#2 Name of valid instructor should be provided when using adventure / shooting facilities.

**Transport**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Transport^ | Quantity | Date / Time | Embus Point | Pax | Debus Point | Oi/c (Tel. no.) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**^**24-seater ; 28 / 40 / 50 / 60 / 65 Coach

**Closed Road Permit ( PTC – HITC only )**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Transport | Plate no. | Date | Time | Driver’s Rank & Name (Tel. no.) |
|  |  |  | \*14:30 / 15:15 |  |
|  |  |  | \*14:30 / 15:15 |  |
|  |  |  | \*14:30 / 15:15 |  |
|  |  |  |  |  |

**Equipment**

|  |  |  |
| --- | --- | --- |
| Collection Date / Time / Location | Return Date / Time / Location | Duty QMS (Tel. no.) |
|  |  |  |  |  |  |  |
| Item |  | Quantity |  | CollectionI hereby confirm that the equipment collected from Quartermaster Department is ready-to-use.Sign:Rank & Name: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  | ReturnI hereby confirm that the equipment returned by \_\_\_\_\_\_\_\_\_\_\_\_ (Unit) is in good conditions.Sign:Rank & Name: |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |
| 17. |  |  |  |  |
| 18. |  |  |  |  |
| 19. |  |  |  |  |
| 20. |  |  |  |  |
| Please fill in the table above if you have special request for closed road permit. |

**Corps Vehicles**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Transport^ | Purpose | Date / Time | Embus Point | Pax | Debus Point | Driver (Tel. no.) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**^**LGV (Hi-ace) or24-seater

**Arms**

|  |  |  |
| --- | --- | --- |
| Collection Date / Time / Location | Return Date / Time / Location | Duty Instructor (Tel no.) |
|  |  |  |  |  |  |  |
|  | Item |  | Quantity |  |
| 1. | Self Loading Rifle (SLR) – licensed |  |  |  |
| 2. | M16 Rifle – electric airsoft |  |  |  |
| 3. | SA80 Rifle – electric airsoft |  |  |  |
| 4. | MP5 Submachine – electric airsoft |  |  |  |
| 5. | Cleaning Kit |  |  |  |
| 6. | Magazine ( SLR / M16 / SA80 / MP5 ) |  |  |  |
| 7. | Sling (Rifle) |  |  |  |
| 8. | Air Pistol (Air shooting sport) – licensed |  |  |  |
| 9. | Air Rifle (Air shooting sport) – licensed |  |  |  |
| 10. | Pistol - airsoft |  |  |  |
| 11. | Pellets / BB Pellets |  |  |  |
| 12. | Goggles |  |  |  |
| 13. | Compressed air tank / compressed gas |  |  |  |
| 14. | Target (Paper) |  |  |  |
| 15. | Blinder Clips |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Name of Agent for the serial 1., 8. or 9.: |  |  |
|  |  |  |  |  |  |

**Others (Other venue and special equipment)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

\*Cross out the inappropriate

|  |  |
| --- | --- |
| Officer In-Charge / Contact Person on site: |  |
| Telephone Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By : |  |  |  |  |
|  | (Rank) | (Name) | (Signature) | (Date) |