HQSPTBN, MCB CHECK-IN/CHECK-OUT SHEET

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☐ SEPS ☐ PCS ☐ PCA ☐ TAD ☐ FAP ☐ ATT ☐ TAD ☐ EXCESS

RANK _____ NAME FIRST _____ MIDDLE _____ LAST _____ SSN _____

MOS _____ COMPANY _____ PLT/WORK SECTION _____ BILLET DESCRIPTION _____

HQSPTBN MCB CLNC	**BLDG/ RM**	INT
ADJUTANT CHEIF (LAST DAY) †	8/201	
DEFENSE TRAVEL SYSTEM ODTA (LAST DAY) †	8/201	
GOVERNMENT CREDIT CARD COORD (LAST DAY) †	8/201	
FAMILY READINESS OFFICER/EFMP †	8/220	
BN LEGAL (CHECK-OUT ONLY)	8/204	
MAILROOM (0730-0900) †	8/214	
BN S-3 (0800-1100) (BE IN PT GEAR TO CHECK-IN ONLY)	8/207	
BN S-4	8/207	
VOTING OFFICER †	8/201	
SACO (0800-1100) †	8/223	
CAREER PLANNER (1300-1500)	8/224	
CHAPLAIN/CHAPLAIN ASST	8/206	
BNSGTMAJ (SNCO ONLY)	8/216	
BN XO/CO (OFFICERS ONLY)	8/225	

MCB CHECK IN SHEET	**BLDG/ RM**	INT
AUDIT/TRAVEL CLAIM	59/129	
DENTAL	59/124	
BASE SAFETY	59/204	
TRICARE	59/204	
FAMILY HOUSING	60/149	
MARINE CORPS COMMUNITY SERVICES (MCCS)	59/204	
EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)	60/148	
TRAFFIC MANAGEMENT OFFICE	59/123	
VEHICLE REGISTRATION	60/161	
PDHRA	60/142	
INTERACTIVE CUSTOMER EVALUATION	59/120	

COMPANY & SECTION	PRO/CON	INT
WORK SECTION †		
CO GYSGT †		
CO 1STSGT †		
COMPANY CO †		
BEQ/BOQ MANAGER		

EXTERNAL TO BN	BLDG NO	INT
MEDICAL**	BLDG 15	
DENTAL**	BLDG 15	
CIF**	BLDG 1501	
ARMORY**	BLDG 1117	
SUPPLY**	BLDG 1117	
NBC**	BLDG 1601	
BASE SECURITY MANAGER***	BLDG 1 RM 134	
DEPN MEDICAL RECORDS	NAVAL HOSPITAL	
ID CARD CENTER	BLDG 59	

I hereby certify that I have properly checked in/out with all the required sections and activities. I have been advised of the penalty of falsifying the initials/stamps of a person/activity, or affixing personal signature prior to completion of my check in/out.

_____

SIGNATURE OF MARINE

YOU ONLY HAVE 10 WORKING DAYS TO COMPLETE THIS CHECK-IN/CHECK-OUT SHEET!!

SHEET ISSUED BY _____ TELEPHONE _____ UD# _____ DATE _____ D-BASE _____

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