



**FURNISHINGS MANAGEMENT SECTION
(FMS)
ACCOMPANIED PCS OUT LOANER
FURNISHINGS ITEMS REQUEST**

All FMH furniture pictures and dimensions



Bedframe, Double
(w) 77" 195cm x (d) 13.5" 34cm x (w) 55.5" 141cm



Bedframe, single
(w) 77" 195cm x (d) 16" 42cm x (w) 38" 96.5cm



Mirror
39" 99cm x 20" 64cm



Nightstand
(w) 21" 55cm x (d) 17" 43cm x (h) 23" 59cm



Chest, 2dwr
(w) 21" 55cm x (d) 17" 43cm x (h) 23" 59cm



Chest, 4dwr
(w) 31.5" 80cm x (d) 19" 49cm x (h) 30" 77cm



Chest, 5dwr
(w) 32" 81cm x (d) 19" 49cm x (h) 47" 120cm



Wardrobe
(w) 36" 91.5cm x (d) 24" 61cm x (h) 72" 183cm



Sofa (2 seat)
(w) 51.5" 131cm x (d) 30.5" 78cm x (h) 31" 79cm



Easy chair
(w) 30" 76cm x (d) 30.5" 78cm x (h) 31" 79cm



Coffee Table
(w) 48" 122cm x (d) 22" 56cm x (h) 18" 46cm



Table end
(w) 28" 71cm x (d) 21" 54cm x (h) 22" 56cm



Lamp stand
(h) 20" 51cm

Lamp shade
(w) 12" 31cm x (h) 11" 28cm

Dining chair
(h) 34" 86cm x (w) 16" 41cm



Dining table
(w) 63" 160cm x (d) 39.5" 100cm
x (h) 30.5" 77cm



LOANER FURNITURE REQUEST
(ITEMS ARE LOANED FOR A MAXIMUM OF 90-DAYS)

ACCOMPANIED PERSONNEL		
SSN:	GRADE/RANK:	BRANCH:
LAST NAME:	FIRST:	MI:
UNIT ASSIGNED:	UNIT LOCATION:	DUTY PHONE:
HOME/CELL PHONE:	EMAIL:	
DEROS DATE:	DEPENDENTS:	
STREET ADDRESS:		
CITY:	FLOOR NUMBER:	
COUNTY:	POST CODE:	
REQUESTED DELIVERY DATE:	CONFIRMED FURNITURE PICK-UP DATE:	
FURNITURE REQUIRED	AUTHORIZED QTY	QTY NEEDED
Bedframe, Double	One (folding frame available if access problems) per couple	
Bedframe, Single	One per dependent (folding frame available if access problems) per other dependent	
Chair, Dining	(Max 6)	
Chair, Easy	Two	
Chest, 2dwr, Other bedroom	One per dependent, excluding spouse	
Chest, 4dwr, Other Bedroom	One per dependent, excluding spouse	
Chest, 5-dwr, Master Bedroom	One	
Lamp, Table 240V	One for each Nightstand & End Table	
Mattress, Double	One per couple	
Mattress, Single	One per other dependent	
Mirror	One	
Nightstand Master Bedroom	Two	
Sofa	One (2-Seater)	
Table, Coffee	One	
Table, Dining	One	
Table, End	Two	

Member's Signature: _____ *Date:* _____

Authorization for Payroll Deduction

I understand that FMS pick up and/or delivery appointment is considered an "Official Appointment". I am responsible for contacting FMS if I cannot make the scheduled date. I understand that I may be held financially liable for the cost the government incurs as a result of a missed appointment

IAW AFI 23-111, Management of Property under the possession of the Air Force, DODD 7200.11, Liability for Government Property Lost, Damaged, or Destroyed, DOD FMR 7000.14-R, Chapter 7, Financial Liability for Government Property Lost, Damaged, or Destroyed. I understand that I will be held liable for any appliances or furnishings that are damaged or destroyed as a result of my negligence. I will either replace the appliance or furnishing with same type issued to me, pay FMS via AF Form 200 or authorize the U.S. Government to deduct payments directly from my payroll.

I understand that I will adhere to the local FMS policy for any appliances and/or furnishings that is picked-up or turned-in dirty and does not meeting the cleaning standards set by the FMS. If the appliances are not within the cleaning standards applied, that I will agree to pay for the cleaning and if the item is not ready at the time of collection due to not meeting the cleaning standard, I also agree to pay for the delivery. I understand that if I depart without clearing my account with the FMS, my signature below will be used as authorization to deduct from my payroll any loss, damage, destruction, and missed delivery and/or pick-up of any or all government property issued by the FMS.

As an Air Force member/employee you may voluntarily pay the government for any lost, damaged or destroyed government property. A Report of Survey (ROS) will be required for all property losses greater than \$500 and an involuntary payment is to be effected. If voluntary payment is made for any damages/losses less than \$500, a ROS is not required.

Member Name

(Printed): _____

Signature/Date: _____

SSN Last Four: _____

Pet Owners/Smokers

IAW Health/Safety/Sanitary requirements

Pets are not allowed on the furniture. The occupant understands that all of the soft furnishings are to be free from pet hair and any odor before arrangements for a collection can be made. The occupant further understands that any damage caused to the furniture by their pet/any odor is also their responsibility and they will be charged a minimum of \$75.00 for the cleaning/replacement of the damaged item(s).

It is the responsibility of the occupant to rid the furniture/appliances of any tobacco smoke odor/discoloration. If any odor/discoloration is present when any loaner items are returned to the FMS warehouse, the occupant will be charged a minimum of \$75.00 for the cleaning/replacement of damaged the item(s).

Member Name
(Printed): _____

Signature/Date: _____

SSN Last Four: _____

Contact Numbers

FMS Customer Service: DSN 236-8758

Comm: 01280-70-8758

Located in Bldg. 67, Housing Office

Office Hours:

Open 0800 – 1500hrs, Mon-Fri

(Closed for Lunch Between 1200-1300hrs)

FMS E-MAIL: 422ces.ceacf@us.af.mil

FMS FAX: Comm: 01869 819773

FMS Quality Assurance: DSN 236-8772

Comm: 01280-70-8772

Base Housing Contact Numbers

Interserve Help Desk: DSN 226 -2255

Comm: 01638-522255