

ASSIGNMENT OF TRANSIENT QUARTERS

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Facility	Date	NO.
Name of Guest (Last, First, Middle)		
was assigned Transient Quarter No. _____ at a rate of \$ _____ Per day.		
Occupancy began: Time and Date		
Estimated termination of occupancy: Time and Date		
Occupancy terminated: Time and Date		
Chief Executive Officer	Date	

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I agree to abide by the rules established for occupancy of transient quarters and to make payment for this housing prior to my departure.

Signature of Guest	(Date)
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Payment shall be made before departure, to the Accounting Technician or Control Room Officer if the Accounting Technician is not on duty.

Record Copy - Guest; Copy - Cashier; Copy Accounting Technician