

**POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
PROPERTY BUREAU INVOICE - SEPARATION FROM SERVICE**

PDCN Form 106S - 07/26

NOTE: MEMBERS SHOULD REFER TO ADM 2340, SEPARATION FROM SERVICE, AS THEY COMPLETE THIS FORM.

SEPARATING MEMBER'S LAST NAME		FIRST NAME	MIDDLE NAME	RANK / TITLE	SERIAL NO.	SHIELD NO. <i>(if applicable)</i>
DATE OF APPOINTMENT	EFFECTIVE DATE OF SEPARATION		COMMAND			

FIREARMS TRAINING UNIT (FTU)	Item No./Serial No. <i>(if applicable)</i>	Date Received in FTU	Receiver's Signature	Receiver's Serial No.
Item Issued				
ECD/TASER ☐ YES ☐ NO				
Monadnock ☐ YES ☐ NO				
OC Spray ☐ YES ☐ NO				
Rifle ☐ YES ☐ NO				
Rifle Light ☐ YES ☐ NO				
Rifle Optic ☐ YES ☐ NO				

BODY-WORN CAMERA UNIT (BWCU)	Item No./Serial No. <i>(if applicable)</i>	Date Received in BWCU	Receiver's Signature	Receiver's Serial No.
Item Issued				
Body-Worn Camera ☐ YES ☐ NO				
Spare Battery				
Magnetic Breakaway Cable				
BWC Magnetic Mount				
BWC Molle Mount				
Single Dock				

RADIO OFFICE (RO)	Item No./Serial No. <i>(if applicable)</i>	Date Received in RO	Receiver's Signature	Receiver's Serial No.
Portable Radio - Issued ☐ YES ☐ NO				

UNIFORM SECTION (US)	Item No./Serial No. <i>(if applicable)</i>	Date Received in US	Receiver's Signature	Receiver's Serial No.
Item				
Uniforms				
Body Armor With Carriers				
Riot Helmet				
WMD Bag and Contents				
Raid Jacket - Issued ☐ YES ☐ NO				

PHOTOGRAPHY SECTION (PS)	Item No./Serial No. <i>(if applicable)</i>	Date Received in PS	Receiver's Signature	Receiver's Serial No.
Item				
Key Fob				

PROPERTY BUREAU (PB)	Item No./Serial No. <i>(if applicable)</i>	Date Received in PB	Receiver's Signature	Receiver's Serial No.
Item				
Shield				
Cap Device				
ID Card				
LIRR Pass				
Portable Breath Tester *				
Personal Radiation Detector *				

Property Bureau Voucher No:
 * Property Bureau will forward Portable Breath Testers to CTS and Personal Radiation Detectors to Homeland Security.

ADDITIONAL ITEMS RETURNED			

COMMAND INVOICING OFFICER'S SIGNATURE	PROPERTY NUMBER	SERIAL NO.	DATE
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