

**COMSEC  
MATERIAL REPORT**

This form is FOR OFFICIAL USE ONLY unless otherwise stamped.

1. (X one)									
<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>	INVENTORY	<input type="checkbox"/>	DESTRUCTION	<input type="checkbox"/>	HAND RECEIPT	<input type="checkbox"/>	OTHER (Specify)
<b>F R O M</b>	2. ACCT. NO.			3. DATE OF REPORT (Year, Month, Day)		4. OUTGOING NUMBER			
				5. DATE OF TRANSACTION (Year, Month, Day)		6. INCOMING NUMBER			
<b>T O</b>	7. ACCT. NO.			8. ACCOUNTING LEGEND CODES*					
				1 - Accountable by serial number. 2 - Accountable by quantity. 3 - Initial receipt required, locally accountable by serial number thereafter, local accounting records must be maintained for a minimum of 90 days after supersession. 4 - Initial receipt required, may be controlled in accordance with Service/ Agency directives.					
9. SHORT TITLE/DESIGNATOR - EDITION				10. QUANTITY	11. ACCOUNTING NUMBERS		12.* ALC	13. REMARKS	
					BEGINNING	ENDING			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
14. THE MATERIAL HEREON HAS BEEN (X one) →			RECEIVED	INVENTORIED	DESTROYED				
15. AUTHORIZED RECIPIENT				16. (X one) →		WITNESS	OTHER (Specify)		
a. Signature		b. Grade		a. Signature			b. Grade		
c. Typed or Stamped Name		d. Service		c. Typed or Stamped Name			d. Service		
17. FOR DEPARTMENT OR AGENCY USE									