

**Department of the Army  
Installation Management Command  
US Army Garrison – Rock Island Arsenal**

**PROPERTY ACCOUNTABILITY**

**Hand Receipt Holder Handbook**



**IMNE-RIA-LG  
Director, Directorate of Logistics**

*June 2011*

**DEPARTMENT OF THE ARMY**  
**INSTALLATION MANAGEMENT COMMAND**  
**US ARMY GARRISON-ROCK ISLAND ARSENAL**  
**1 ROCK ISLAND ARSENAL**  
**ROCK ISLAND, ILLINOIS 61299-5000**

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## SECTION I

### INTRODUCTION

1. **Purpose.** To provide applicable procedures and controls for acquiring and accounting for installation equipment.
2. **Applicability.** This pamphlet applies to elements of Army Sustainment Command, Joint Munitions Command, US Army Garrison-Rock Island Arsenal (USAG-RIA), all supported tenant activities, and RIA commercial activities (CA) contractors, as specified by contractual requirements, located at Rock Island Arsenal. The hand receipt holders (HRHs) are charged with safeguarding taxpayers' money - your money. Government property is not insured against theft or damage — YOU are the insurance on OUR property. You are directly charged with safekeeping, and you and/or your higher echelon supervisor may be financially responsible should its loss or damage be attributable to willful misuse and/or negligence.
3. **Objective.** The objective of this pamphlet is to ensure HRH(s) and any other personnel involved in the property accountability process comply with Army regulations and other applicable directives.
4. **Policy.** It is the policy of US Army Garrison-Rock Island Arsenal to comply with regulations and directives applicable to determining equipment requirements, granting and obtaining approvals for equipment, programming, budgeting, funding, and preparing required documentation to obtain and dispose of installation property.

## SECTION II

### TERMS

**Explanation of Terms.** The following terms used in this pamphlet are also defined in AR 310-25 and in some cases further defined in AR 710-2, AR 735-5, DA PAM 710-2-1, and the Federal Acquisition Regulation (FAR).

- a. **Ammunition.** Includes, but is not necessarily limited to, all items of training and war reserve ammunition, chemical propellants (liquid and solid), high and low explosives, rockets, guided missiles, warheads, devices, signals, components (including chemical fillers), and associated substances that present real or perceived potential hazards to life or property.

b. **Ammunition Residue.** All items remaining after ammunition and missiles are used. Ammunition residue includes such items as steel, plastic, or brass cartridge cases, links, safety wires, nose plugs, launch tubes, pull rings and levers, fin protectors, safety clips, igniters, firing devices, grommets, cardboard and wooden boxes, cans, missile containers, missile components, banding strips, pallets, and other items used to package ammunition and missiles.

c. **Authorized Requester.** The HRH and those authorized by the HRH, on DA Form 1687, Notice of Delegation of Authority - Receipt for Supplies, to request nonexpendable property from the Installation Property Book Officer (PBO), IMNE-RIA-LGS.

d. **Basic Load Ammunition.** Convention ammunition (non-nuclear) and missiles that a unit must have on hand or on request at all times. Basic load quantities are specified in rounds, units, or weight, as appropriate.

e. **Causative Research.** An investigation of variances in transactions. The investigation consists of a complete review of all transactions since the last inventory or last reconciliation between custodial and inventory control point (ICP) accountable records. Supporting documentation in hard copy, catalog changes, shipment discrepancies, and un-posted or rejected documentation are also reviewed. The purpose of causative research is to assign a cause to a variance so that corrective action may be taken. Causative research ends when the cause of the variance has been determined; or, when no conclusive findings were possible after review of transactions back to the last inventory or reconciliation.

f. **Common Table of Allowances (CTA).** An authorization document which provides a flexible basis of issue to acquire certain common items of installation equipment; i.e., computers, monitors, and scooters.

g. **Component Hand Receipt.** A list of nonexpendable and durable components of an end item. The user accepts responsibility for the components by signing the component hand receipt.

h. **Contracting Officer.** A person who has authority to enter into and administer contracts. The person may be a contracting officer either by virtue of position or by appointment under procedures prescribed by the Federal Acquisition Register (FAR). This person may make determinations and findings for contracts or for any part of such authority.

i. **Controlled Cryptographic Item (CCI).** Secure telecommunications or information handling equipment, associated cryptographic components, or other hardware item which performs a critical Communication Security function. Items so designated are unclassified but bear the designation "Controlled Cryptographic Item" or "CCI."

j. **Durable Item.** An item of Army property coded with an Accounting Requirement Code (ARC) of "D", in the Army Master Data File (AMDF). Durable items do not require property book accountability after issue from the stock record account, but do require hand receipt control when issued to the user. Commercial and fabricated items similar to items coded "D" in the AMDF are considered durable items. The following classes or types of property will be coded durable and maintained on durable usage control records:

(1) All hand tools in Federal Supply Classes (FSC) 5110, 5120, 5130 5133, 5136, 5140, 5180, 5210 5220, and 5280 with a unit cost of \$50 or more, but less than \$300.

(2) Personal property having a unit cost over \$300, but less than \$5000, assigned a CIIC of "U" or "7", and a RICC of "0".

(3) Cellular phones, pagers, and Blackberry units with a unit cost of less than \$1,000.

k. **Expendable Item.** An item of Army property coded with an ARC of "X" in the AMDF. Expendable items require no formal accountability after issue from a stock record account. Commercial and fabricated items similar to items coded "X" in the AMDF are considered expendable items. This category consists of items which are consumed during normal usage such as paint, rations, gasoline, office supplies, or are merged into another entity when used for their intended purpose, such as nuts and bolts, construction material, repair parts, components and assemblies, etc. This category also includes all class 1, 3, 5 (except 5L), and 9 items, and those class 2, 4, and 10 items which are not end items or have a unit price of less than \$100.

l. **Fabricated Item.** All commercially or locally constructed items that meet the definition of a nonexpendable piece of equipment or have material and labor costs of \$100 or more.

m. **Government-Furnished Property.** Government owned property furnished to a contractor for use in fulfilling the terms of the contract, maintained by the contractor, and returned to the Government at contract conclusion and/or termination in the same condition received, less normal wear. This property is defined as industrial facilities, materiel, special tooling, special test equipment, military property and is also known as Government Furnished Materiel (GFM) and Government Furnished Equipment (GFE).

n. **Hand Receipt (HR).** A signed document acknowledging acceptance, responsibility and return for items of property issued for their use. Each HR is identified by an assigned HR number.

o. **Hand Receipt Holder (HRH).** Supervisors appointed by the Commander, Director, or Activity Chief to maintain HRs and to be directly responsible (as defined in AR 735-5, paragraph 2-8a) for all property issued to them by the Installation PBO (IMNE-RIA-LGS). The HRH accepts responsibility for property in their custody by signing HRs and other related documents.

p. **Installation Property Book Officer (PBO).** An IMNE-RIA-LGS individual formally appointed by the Installation Commander to maintain accountability for property requiring property book accountability in accordance with (IAW) AR 710-2.

q. **Inventory:** A physical count of all property on hand, including items listed on a DA Form 2062, Hand Receipt/Annex Number, sub-hand receipt. Components are inventoried when the end item is inventoried. Verification of serial numbers, barcode numbers, model numbers, and manufacturer is accomplished during a physical inventory.

r. **Nonexpendable Item.** An item of Army property coded with an ARC of "N" in the AMDF. Nonexpendable items require property book accountability after issue from the Stock Record

Account (SRA). Commercial and fabricated items similar to items coded "N" in the AMDF are considered nonexpendable items. This category consists of end items of equipment which are separately identified. This includes equipment with a unit cost of \$5000 and over, i.e., Controlled Cryptographic Items, Weapons, mobile equipment, etc.

- s. **Nonstandard Item.** An item not listed in SB 700-20 or reportable under AR 710-3.
- t. **Operational Loads of Ammunition:** Common Table of Allowance (CTA) - authorized ammunition for guard, training, ceremonial, state security, and ammunition required by police or investigation agents to perform their daily duties.
- u. **Pecuniary Liability.** Personal, joint, or corporate statutory obligation to reimburse the US Government for Government property lost, damaged or destroyed because of negligence or misconduct. Misconduct also includes wrongful appropriation.
- v. **Property Administrator:** An individual duly designated by appropriate authority to administer contract requirements and obligations relative to Government property furnished to or acquired by a contractor, an authorized representative of the contracting officer.
- w. **Prototypes.** All end items of material and components thereof, which are fabricated in the engineer test (ET) phase of the research and development project, and have been developed or fabricated to the point where they can be identified as the end item or component. Prototypes manufactured in-house or under development contracts will be reported to the Installation PBO, IMNE-RIA-LGS, for entry onto property book records.
- x. **Small Arms.** Handguns, shoulder-fired weapons, light automatic weapons up to and including .50 caliber machine gun, multi-barrel machine guns (e.g., the 7.62mm M134), recoilless rifles up to and including 106mm, mortars up to and including 81mm, rocket launchers, man-portable, grenade launchers, rifle and shoulder fired, flame throwers, and individually operated weapons that are portable or can be fired without special mounts or firing devices and have potential use in civil disturbances and are vulnerable to theft.
- y. **Standard Item.** An Army-adopted item listed in SB 700-20, as type classified, authorized for inclusion in authorization documents prior to type classification, or a component item reportable under the Asset and Transaction Reporting System (AR 710-3).
- z. **Sub-Hand Receipt.** A HR between the primary HRH and a person subsequently given the property for their use. A sub-hand receipt does not transfer direct responsibility for the property to the sub-hand receipt holder.
- aa. **Durable Usage Control Record.** A spread sheet or form used to maintain accountability of durable equipment (e.g. computers, monitors) issued to HRH area. Durable usage control record will be updated as equipment is turned in, issued, or transferred to other areas.
- ab. **Table of Distribution and Allowances (TDA).** An authorization document comprised of three sections. These sections prescribe the organizational structure, personnel, and equipment authorized to perform the mission.

ac. **TDA Units.** Units organized under a TDA with a unique number assigned by Department of the Army (DA). These include both separate TDA units and Equipment (MTOE) units.

ad. **Training Ammunition:** Ammunition authorized under AR 5-13 and managed by the Training Ammunition Management System (TAMS) for expenditure by units to achieve required readiness levels.

## SECTION III

### APPOINTMENT OF HAND RECEIPT HOLDERS AND AUTHORIZED REQUESTERS

1. The Commander, for which the property book is maintained by the Installation PBO (IMNE-RIA-LGS) designates Directors with HRH responsibility for the accountable equipment assigned to their work site.
2. The Directors will appoint the military or civilian supervisor at the lowest level possible to serve as a HRH. The Installation PBO has the authority to require Directors to appoint HRH's at a lower supervisory level (when possible) if HRs become unmanageable due to the large quantity of items.
3. The Directors can request a waiver to appoint a supervisor as the hand receipt holder. A request for waiver for a non-supervisory hand receipt holder will be forwarded to the Installation Equipment Manager, IMNE-RIA-LG, for review/approval. As part of the review, the Director must provide the name, grade, and reason why a supervisor cannot perform the duties of HRH. Only GS-09 and above employees will be considered for approval.
4. The HRH will be appointed by an informal memorandum signed by the civilian or military Director IAW instructions provided in Appendix A.
5. The Installation Commander will hold the Director and authorized HRH responsible for establishing and maintaining adequate control over all property listed on the signed HR.
6. Directors are responsible for the performance of HRH and the validity of justifications submitted to substantiate equipment acquisitions.
7. Only the appointed HRH or persons delegated by the HRH are authorized to request or receive installation property.
8. The HRH will prepare DA Form 1687, Notice of Delegation of Authority - Receipt for Supplies (see Appendix B), to appoint/authorize individuals to request or receive installation property. It is essential, at this time, to appoint at least 2-3 individuals to request and/or receive property

book items in the event HRH or appointee is on leave, temporary duty, etc. A copy of the DA Form 1687 should be retained by HRH, with the original being sent to the Property Book Officer, IMNE-RIA-LGS.

9. Updated DA Form 1687 must be submitted to IMNE-RIA-LGS upon expiration, change of HRH, or employee changes, transfers, retirements, etc.

## **SECTION IV**

### **PROPERTY RESPONSIBILITY**

1. The Installation Equipment Manager, IMNE-RIA-LG, will:

a. Ensure regulatory requirements are met regarding appointment of an Installation Property Book Officer (PBO) by the RIA Commander/Garrison Manager.

b. Ensure all equipment management personnel and other system users are trained to accomplish the operational, functional and utilization portions of the Property Book and Unit Supply – Enhanced (PBUSE).

c. Receive requests for waiver of non-supervisory hand receipt holder. Review and approve/disapprove waivers with information provided by Directors.

d. Retain the most recent command inspection report, with endorsements, on file in accordance with DA PAM 710-2-1, chapter 9.

e. Accomplish monthly unannounced equipment utilization walk-through to identify equipment which is underutilized and plan the semi-annual RIA Commander/Garrison Manager's walk-through. Retain document with findings and recommendations for 24 months after final action is completed.

f. Accomplish, in accordance with regulatory requirements, equipment management programs/services of:

(1) Authorization

(2) Acquisitions

(3) Accountability

(4) Utilization

(5) Modernization

(6) Redistribution

(7) Excess equipment

2. The Commander and Military/Civilian Activity Directors will conduct an annual management review of all the on-hand durable items to determine whether there are any indications of any missing items, and whether there are any indications of fraud, waste, and abuse. The Commander, or the head of the activity, will document that a management review of durable property was conducted, stating the results and what corrective actions were taken. One copy of the documentation will be forwarded to the PBO and one copy maintained in the activity.

a. Personally inspect and inventory their area as often as necessary to ensure that:

(1) All TDA-authorized equipment is either on-hand or on valid request.

(2) Equipment on-hand is properly maintained, used for intended purpose, and protected from loss, damage, or destruction.

(3) Property records are established and maintained IAW AR 710-2, DA PAM 710-2-1, DA PAM 710-2-2, this pamphlet, and other regulatory procedures.

b. Initiate investigations of lost, damaged, or destroyed property taking appropriate action in the interest of supply discipline.

c. Ensure joint inventories are completed IAW AR 710-2 when departing their position or upon change of any subordinate who is responsible for property.

d. Establish controls to ensure each person responsible for property is properly cleared before departure.

3. Directors are responsible for:

a. Managing equipment used by each member of their Directorate/Office. Each Director will ensure HRHs will personally inspect and inventory their equipment as often as necessary to ensure property records are maintained according to established procedures.

b. Providing justification for additions/deletions/changes to Section III, (Equipment) of the TDA. Tenant activities will provide copies of their approved Section III of the TDA to IMNE-RIA-LGS in order to update the property book authorizations.

c. Ensuring that on-hand equipment is properly maintained, used for its intended purpose, and protected from loss, damage, or destruction, by assigning HRH responsibility to specific supervisors.

d. Accomplishing the appointment of hand receipt holder by use of an informal memorandum (see Appendix A).

e. Ensuring all HRHs receive a copy of this pamphlet explaining their responsibilities for property and provide guidance and assistance, as required.



f. Ensuring the outgoing HRH has 30 days to conduct a 100 percent change of hand receipt holder inventory with their successor. The outgoing HRH must provide all adjustment documents to account for shortages, overages, and discrepancies to the HR, resulting from the change of hand receipt holder inventory. These documents, processed with the newly signed HR, must be submitted to IMNE-RIA-LGS. Once documentation has been received, hand receipt holder clearance may then be obtained (either by email or telephone) from the Installation PBO, IMNE-RIA-LGS.

g. Requesting advice on property accountability procedures or assistance on regulatory clarification, when necessary, from the Installation PBO, IMNE-RIA-LGS.

4. HRHs are responsible for:

a. Transferring property responsibility to a successor prior to transferring or leaving Government service. This will be accomplished by conducting a 100 percent change of HRH inventory between themselves and the incoming HRH. Results of their inventory will be reported to their supervisors and forwarded to the Installation PBO, IMNE-RIA-LGS, along with the signed hand receipt.

b. Protecting equipment under their control from loss, damage, or destruction.

c. Retaining adjustment documents with the HR for any items issued, turned in, and/or transferred regardless of the reason. Forms used to support quantity adjustments to the HR are:

- (1) RIA Form 735-2I, Request for Issue
- (2) RIA Form 735-2T, Request for Turn-In
- (3) DA Form 4949, Administrative Adjustment Report (AAR)
- (4) DD Form 200, Financial Liability Investigation of Property Loss
- (5) DD Form 1131, Cash Collection Voucher
- (6) DD Form 362, Statement of Charges/Cash Collection Voucher
- (7) DA Form 3161, Request for Issue/Turn-In
- (8) DA Form 2062, Hand Receipt/Annex Number
- (9) DA Form 1687, Notice of Delegation of Authority- Receipt for Supplies

d. Ensuring that pilferable items (e.g., hand held calculators, automation equipment (APDE), software and blackberries) are sub hand receipted directly to the user with DA Form 2062, Hand Receipt/Annex Number.

- e. Ensuring that all accountable installation property is bar-coded when feasible.
- f. Conducting an annual 100 percent physical inventory of all accountable installation property for which they are responsible and reporting the results to IMNE-RIA-LGS.
- g. Immediately reporting any item(s) lost, damaged, or destroyed, to IMNE-RIA-LGS, after loss is known and causative research has been conducted.
- h. Immediately notifying the US Army Garrison-Rock Island Arsenal, Directorate of Emergency Services, Police/PM Division, IMNE-RIA-ESP, of items missing/damaged. When liability is not admitted, initiate the DD Form 200, Financial Liability Investigation of Property Loss (see Section XVI).
- i. Preparing necessary paperwork to turn-in any excess equipment which is unserviceable or unnecessary for their required mission, RIA Form 735-2T, Request for Turn-In.
- j. Appointing authorized requesters and/or receivers of installation property (refer to Section III, para 8-10), DA Form 1687, Notice of Delegation of Authority- Receipt for Supplies.
- k. Requesting advice on property accountability procedures or assistance on regulatory clarification, when necessary, from their supervisor and/or the Installation PBO, IMNE-RIA-LGS.
- l. Maintaining hand receipt files. These files must contain the current HRs, sub-hand receipts, temporary HRs, and all change documents not posted to the HR (issues, turn-ins, lateral transfers, etc.). Only current HRs and sub-hand receipts are required to be maintained in the file; all others, including any change documents, may be destroyed once they have been posted to the HR.
- m. Ensuring proper delivery and acceptance of property book equipment. No direct deliveries, by a vendor to a customer, of any items are allowed without prior approval of the PBO, IMNE-RIA-LGS. All incoming equipment is to be processed through the Directorate of Logistics, Supply and Services Division, IMNE-RIA-LGS, who will forward for bar coding and distribution, before delivery is made to the customer (see Section XXIII).

5. Property Administrator(s) are responsible for:

- a. Administering property control functions in accordance with the Federal Acquisition Register (FAR) for installation property provided to the RIA Contractor as Government Furnished Equipment (GFE) or as consolidated pool equipment.
- b. Ensure any mobile equipment provided as GFE is properly maintained and utilized per guidance from the Installation Equipment Manager, IMNE-RIA-LG.

## SECTION V

### REQUESTING INSTALLATION EQUIPMENT

1. Governing regulations require that equipment authorization be held to the minimum essential equipment needed for mission accomplishments. While requirements for equipment must be based on the mission to be performed, the needs of the user must be considered. The objective is to authorize the equipment that has the needed capacities in the quantities required, but not to exceed either. It is mandatory that standard Government authorized equipment (SB 700-20 or CTA) be used; however, commercially available equipment may be authorized when no standard equipment is available in the supply system.
2. All requests requiring special approval, as shown in Appendix I, will reflect approval upon submission of RIA Form 735-2I, Request for Issue (see Appendix D) to IMNE-RIA-LGS.
3. Requests (with justification) for a new authorization for TDA items will be submitted with sufficient lead-time, based on required delivery date, to allow a maximum of 18 months for approval and addition to TDA by higher headquarters. Lead-time includes normal time of up to 12 months required for processing a request already authorized for issue of property (i.e., supply action, procurement, delivery, and issuance to requester). The Installation PBO is not authorized to issue TDA items in excess of approved allowances, nor can the Installation Equipment Manager, approve the issue of items not on authorization documents or otherwise authorized.
4. The methods to acquire equipment vary, depending on category of equipment and type of funding. The approach used in this Section is to provide identification of regulations AR 58-1, AR 71-32, and AR 700-131, which require implementation to obtain that equipment.
5. The RIA commercial contractor will replace GFE IAW contractual requirements outlined in the performance work statement (PWS).
6. Requests for expendable and durable items will be submitted to IMNE-RIA-LGS, using RIA Form 735-2I, Request for Issue (see Appendix D).
7. To request installation equipment, the following information/documentation will be required:
  - a. Requests for nonexpendable property book items will be submitted to IMNE-RIA-LGS using RIA Form 735-2I, Request for Issue (see Appendix D).

**NOTE:** All activities must receive approval from their respective funding organizations prior to routing to IMNE-RIA-LGS. Once **approval** request has gone through proper authorization/approval channels, the RIA Form 735-2I is prepared and submitted to IMNE-RIA-LGS.

Once received in IMNE-RIA-LGS, the RIA Form 735-2I will be assigned a document number in Block 4 and returned to the HRH; therefore, whenever requesting status of a submitted request, always reference this assigned document number.

b. Requests for particular nonstandard, commercial items will be submitted to IMNE-RIA-LGS using RIA Form 735-2I, Request for Issue (see Appendix D). The 735-2I must contain the reason(s) why a standard item cannot be utilized and must have a sole source justification attached (see Appendix G) for local purchase through procurement. Failure by the requester to provide this justification may result in a substitute issue which is not satisfactory for the intended purpose. In addition, requester is required to enclose a brochure with complete item description and suggested vendor to assist in identifying the item requested.

c. The RIA Form 735-2I, Request for Issue, will be used to request matching components to a nonexpendable base unit and may be submitted along with the form requesting the base unit. Given that each RIA Form 735-2I must only contain one stock number per request for equipment, this is the exception to the rule; therefore, clearly mark each Request for Issue form as 1 of 3, 2 of 3, etc., To ensure the entire packet will be purchased through the same contractor, include all paperwork pertaining to the purchase of the base unit.

8. Requests for, and receipt of, small arms will be IAW RIAR 735-6.

## SECTION VI

### FOUND ON INSTALLATION (FOI) PROPERTY

**NOTE:** Prior to submitting any paperwork to issue or turn-in a property book item found on installation, you must contact IMNE-RI-LGS to ensure this item does not show up on any other HR.

1. There are times when a property book item is discovered in a HRH's area, but is not listed on their HR. In order for this equipment to be added to the HR, (see NOTE, above), a RIA Form 735-2I, Request for Issue, must be submitted to IMNE-RIA-LGS (see Appendix D). If the equipment is listed in Appendix I, the necessary approvals, either in the form of a Capability Request (CAPR) (see Appendix J) or Mission Needs Statement (MNS) (see Appendix K), must be submitted with the request.

2. If there is no requirement for the equipment (see NOTE, above), a RIA Form 735-2T, Request for Turn-In, must be submitted to IMNE-RIA-LGS, as shown in Appendix L.

## SECTION VII

### RENTAL / LEASE REQUESTS

1. Requests for acquisition of equipment through a rental contract; (e.g., mobile equipment, vehicles, machines, etc) will be submitted to IMNE-RIA-LGS on a RIA Form 735-2I, Request for Issue (Appendix D).
2. Upon receipt of rental equipment, the HRH will furnish a memorandum to IMNE-RIA-LGS, stating the serial number and date equipment was delivered. Ninety days before the expiration date of the rental contract, the HRH will prepare a memorandum requesting renewal, termination, or conversion-to-purchase the equipment. A current cost analysis is to be included substantiating that rental is still more economical than purchase.
  - a. When conversion-to-purchase is requested, administrative approval and fund cite or ex-order/job order is required on the memorandum to place equipment under a maintenance contract. If equipment is eligible for maintenance by RIA Installation Support Services Contractor, submit all identifying information pertaining to this equipment to the Army Contracting Command- Rock Island, ACC-RI. Proper approval documents (Appendix J or K) must accompany the memorandum (this does not pertain to ordinary routine maintenance).
  - b. When the contract is to be terminated, RIA Form 735-2T, Request for Turn-In (Appendix L) will accompany the memorandum.
3. All exceptions to above policies will be on a one-time basis, subject to the approval of IMNE-RIA-LG or higher authority. Justification will include a clear explanation as to the need for the exception. Equipment approved under these conditions will not be for TDA items. If the contract period exceeds six months, equipment will be accounted for on the Installation Property Book, IMNE-RIA-LGS.

## SECTION VIII

### TEMPORARY LOAN REQUESTS AND LOAN TURN-INS

1. Non-continuing requirements for equipment may be satisfied by use of temporary loan procedures IAW DA PAM 710-2-1 and AR 700-131.
2. There are two types of temporary loans:
  - a. Between HRHs and other authorized personnel utilizing DA Form 2062, Hand Receipt/Annex Number.

- b. Between an authorized HRH and other activities; e.g., SRA or a National Inventory Control Point (NICP).
3. Quantities of equipment on temporary loan may exceed current TDA or CTA authorization allowances.
4. When property is required from another source for a period of more than 6 months:
  - a. A RIA Form 735-2I, Request for Issue, will be forwarded to IMNE-RIA-LGS requesting a temporary loan. Ensure “**Temporary Loan**”, as well as length of loan, is annotated and highlighted on the form to ensure the request will be processed as a loan, not a buy. Justification for loan is required. The equipment will be accounted for on the installation property book.
  - b. A RIA Form 735-2T, Request for Turn-In, will be forwarded to IMNE-RIA-LGS when the loaned items are no longer required. When submitting this paperwork, the document number of the original loan issue will be annotated on the RIA Form 735-2T.
5. Requests for temporary loans from the SRA or NICP for less than a 6 month period will also be submitted directly to IMNE-RIA-LGS but not added to the HR.

## SECTION IX

### REQUESTS FOR TURN-IN

1. Underutilized, unserviceable, excess, and unauthorized nonexpendable, expendable or durable equipment must be reported to IMNE-RIA-LGS by submitting a RIA Form 735-2T, Request for Turn-In (see Appendix L). Ensure a copy of the RIA Form 735-2T is securely attached to the material being turned in, until material has actually been picked up.
2. The Installation Equipment Manager, IMNE-RIA-LG, will continually monitor utilization and authorization by completing the monthly utilization walkthroughs in US Army Garrison-Rock Island Arsenal (USAG-RIA) organizations. When an item of property appears to be unjustified by utilization or is excess to the needs of the activity, the Installation Equipment Manager will notify the appropriate HRH to submit justification for retention or to submit a RIA Form 735-2T, Request Turn-In, for the equipment (see Appendix L). The HRH must take prompt action to forward the requested documentation to IMNE-RIA-LGS.
3. When submitting RIA Form 735-2T, Request for Turn-In, for computers, printers, monitors, etc., complete form as illustrated in Appendix L.
4. Ensure RIA Form 735-2T, Request for Turn-In, is accurate prior to turn-in of property book equipment.

5. Prior to submitting a RIA Form 735-2T, Request for Turn-In, the HRH or designated representative, must contact the appropriate point of contact for their organization and inform them of a CPU needing to be purged (providing them with the bar code and location). When purging/sanitizing is completed, ensure the person/persons who actually sanitized the equipment, complete (in duplicate) the Certification of Hard Drive/Battery Disposition (see Appendix L). Distribution of the two copies is as follows:

a. One copy gets attached to the RIA Form 735-2T, Request for Turn-In, and both are immediately sent to IMNE-RIA-LGS, who will arrange to have the equipment picked up.

b. One copy gets **securely** attached to the item identified on RIA Form 735-2T, Request for Turn-In. Make certain the certification form is clearly visible; i.e., if hard drive is removed in order to sanitize, and it is to be placed back inside the CPU, attach the document to the outside of the CPU and not on the hard drive.

6. When the equipment is picked up, the RIA Form 735-2T, Request for Turn-In, which was previously submitted to IMNE-RIA-LGS, will be signed and dated by the contractor. One signed copy of the form will be given to the HRH as a receipt document, to be retained with the HR to substantiate equipment accountability until an updated HR is received reflecting the adjustment.

7. When turning in items, ensure all components of item are included. If the item is missing components, a shortage list must be attached to the turn-in document when submitted to IMNE-RIA-LGS. The Installation Property Book Officer, IMNE-RIA-LGS, will sign the shortage list. A copy is maintained by the hand receipt holder until the turn-in transaction is posted and the item is removed from the hand receipt.

8. Expendable items such as desks, chairs, file cabinets, tables, etc. will be taken to a designated paperless turn-in point for pick up by the base operations contractor. Currently, the only designated paperless turn-in areas are:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| Building 62, basement                | Building 108, basement            |
| Building 68, basement                | Building 131, basement            |
| Building 90, (as directed)           | Building 220, north wall, post C3 |
| Building 104, basement               | Building 350, First floor, East   |
| Building 390, dock area (East court) |                                   |

9. Requests for turn-in and shipment of small arms will be IAW RIAR 735-6.

## **SECTION X**

### **REQUEST AND TURN-IN OF AMMUNITION**

1. Ensure DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (for Ammunition) (Appendix P) is current.
2. All ammunition requests will be submitted on DA Form 581, Request for Issue and Turn-In of Ammunition, through Total Army Management Information System (TAMIS) to IMNE-RIA-LGS.
3. All ammunition turn-ins of live rounds will be submitted on DA Form 581, Request for Issue and Turn-In of Ammunition, and sent to IMNE-RIA-LGS (see Appendix Q).
4. All expended ammunition and residue turn-ins will be submitted on DA Form 581, Request for Issue and Turn-In of Ammunition, and sent to IMNE-RIA-LGS (see Appendix Q).
5. Ensure all line ordinance and residue are recovered prior to departing from the firing site. Certify on the DA Form 581, Request for Issue and Turn-In of Ammunition, turn-in document what actions were taken to account for ammunition shortages. A Memorandum to IMNE-RIA-LGS is required if the quantity of ammunition being turned-in is less than what was issued to the customer. The memorandum would provide justification as to why the shortage of ammo is being turned-in, to include stock number, description, quantity issued to the customer, quantity not accounted for, and location of the blank round/expended brass, etc.
6. The supervisor of the hand receipt holder is responsible for control of ammunition drawn for training exercises.
7. Supply requests for seasonal or unusual needs, such as training ammunition forecasts, will be forwarded, in advance, to permit timely delivery date (RDD) and issue priority group.
8. The amnesty program will be instituted in cases of FOI ammunition.

## **SECTION XI**

### **WEAPONS AND AMMUNITION INVENTORY**

1. Weapons and ammunition will be physically inventoried by serial number, quantity, and lot number on a monthly basis, IAW AR 710-2. Appropriate documentation is required for weapons which have been signed out or which have been sent to maintenance.
2. The Directorate of Logistics, Directorate of Logistics, Plans, Operations (IMNE-RIA-LGO) forwards a memorandum, on a monthly basis, to selected Garrison directorates requesting an employee (GS-07 or above) be designated to conduct the inventory. Monthly inventories will not



be conducted by the same individual. The HRH or a delegated representative will conduct this inventory with the appointed employee.

3. A memorandum will be prepared by IMNE-RIA-LGS, with an automated listing attached, reflecting serial numbers. Weapons which have been signed out or sent to maintenance will also be annotated. All expended ammunition is annotated on a DA Form 4949, Administrative Adjustment Report (see Appendix R), which is initiated by the HRH and returned with the signed inventory. The automated listings will be signed by the individual conducting the inventory and the HRH or a delegated representative. Research will be initiated and documents processed IAW AR 735-5 for lost weapons. Required reports will be initiated and documents processed according to AR 40-61 and AR 190-11. Weapons issued to general officers are exempt from this requirement unless they are stored in a unit's arms room. Found weapons that cannot be accounted for will be reported to IMNE-RIA-ES and turned in using FOI procedures (see Appendix Q).

4. Incoming and outgoing custodians will physically count weapons and ammunition when responsibilities for the custody of the arms storage facility keys are transferred. Results will be recorded on the monthly weapons and ammunition inventory.

## SECTION XII

### CONTROLLED CRYPTOGRAPHIC ITEM (CCI) INVENTORY

1. In accordance with AR 710-2, CCI equipment will be physically inventoried, by serial number, on a quarterly basis. The HRH responsible for the equipment will conduct the quarterly inventory and visually inspect the condition of the equipment.

2. A memorandum of the CCI Hand Receipt is forwarded by IMNE-RIA-LGS, to the HRH on a quarterly basis. The HRH will sign the HR and return to IMNE-RIA-LGS with any necessary annotations.

3. **All CCI equipment must be secured at all times.**

## SECTION XIII

### TURN-IN OF CONTROLLED CRYPTOGRAPHIC ITEM (CCI)

Requests for Turn-In of CCI equipment will be submitted to IMNE-RIA-LGS using a RIA Form 735-2T, Request for Turn-In (see Appendix L). **Ensure the form is clearly annotated and highlighted “CCI.”**

**NOTE 1:** Any type of transaction (shipment, transfer, etc.) of CCI equipment must be submitted through IMNE-RIA-LGS.

**NOTE 2:** Ensure CCI equipment is secured at all times, even when preparing items for turn-in, transfer, shipment, etc.

**NOTE 3:** Hand receipt holder is responsible for ensuring that any communications security (COMSEC) keying material which has been loaded into CCI equipment under their control has been properly zeroized (cleared) and date zeroized is annotated on the RIA 735-2T, Request for Turn-In, prior to turn-in, transfer, or shipment.

## SECTION XIV

### HAND RECEIPT INVENTORIES

1. A 100 percent physical inventory of all accountable installation equipment in the HRHs area of responsibility will be conducted annually or upon change of HRHs. The date of the annual inventory will be one year from the date of the last signed inventory (annual or change of HRHs). Change of HRH inventories will be accomplished, as required.
2. Change of HRH inventories will be performed between the departing and incoming HRH within 30 days of the incoming HRH assuming responsibility. An updated DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (Appendix B and C) is also recommended.
3. Whenever the outgoing or newly appointed HRH is not available, the departing HRH's supervisor will be responsible for protecting the interests of the HRH and conducting a joint inventory with the new HRH. When a new HRH has not been appointed and the old HRH is departing, the departing HRH's supervisor must assume hand receipt holder responsibility for the hand receipt.
4. In order to maintain adequate control of equipment, hand receipt responsibility will be assigned to the lowest supervisory level.

5. All adjustment documents including a Financial Liability Investigations of Property Loss, if necessary, will be initiated by the departing HRH.
6. The incoming HRH will sign the HR, assuming duties after completion of joint inventory.
7. When the change of hand receipt holder joint inventory or annual hand receipt inventory cannot be completed within the required time frame, contact the Installation PBO, IMNE-RIA-LGS, for guidelines.
8. When the Installation PBO (IMNE-RIA-LGS) directs a 100 percent annual inventory be conducted, the HRH will receive two updated HR printouts and a memorandum with detailed instructions. The HRH will:
  - a. Physically inventory all accountable installation equipment within their area of responsibility, including items on a sub-hand receipt, DA Form 2062, Hand Receipt/Annex Number (Appendix S). Verify manufacturer/model numbers of equipment against the HR listing. Verify serial numbers and barcode numbers during inventory; if incorrect, forward DA Form 4949, Administrative Adjustment Report, to IMNE-RIA-LGS (see Appendix R). Verify all components are accounted for and ensure a component shortage listing is accomplished when components are missing from end items to be turned in.
  - b. Account for all accountable installation equipment within their area of responsibility.

## **SECTION XV**

### **TRANSFER OF PROPERTY**

1. When a HRH is in need of a property book item which is excess to the requirements of another HRH, a transfer of property may be initiated. The HRH receiving the property must be authorized to obtain the item. The losing HRH will prepare a DA Form 3161, Request for Issue or Turn-in (see Appendix O). Include a complete justification to substantiate property requirements.
2. When the transfer of property is to another HRH, a lateral transfer will be prepared by the losing HRH on DA Form 3161, Request for Issue or Turn-in, and submitted to IMNE-RIA-LGS (Appendix O). Include a complete justification to substantiate property requirements.
3. The losing HRH will sign block 13 of the DA Form 3161, Request for Issue or Turn-in (Appendix O), and forward to the gaining HRH. The gaining HRH will Sign block 15 of the DA Form 3161, maintain one copy of the form, and provide one copy to the losing HRH. The original should be sent to IMNE-RIA-LGS for processing. The losing and gaining HRHs will retain the copies of the DA Form 3161, in their HR files to substantiate property accountability until they receive an updated HR reflecting correct on-hand quantities.

## SECTION XVI

### REPORTING PROCEDURES FOR LOST, DAMAGED, OR DESTROYED PROPERTY BOOK EQUIPMENT OR COMPONENTS

When Government property is determined to be lost, damaged, or destroyed, action must be taken by the responsible individual/HRH to obtain relief from responsibility. These methods are:

a. A DD Form 200, Financial Liability Investigation of Property Loss (Appendix T). This method of relief is authorized when (to include but not limited to the following):

- (1) Causative research and notification to IMNE-RIA-LGS has been accomplished.
- (2) Directed by higher authority.
- (3) Sensitive item is lost/destroyed.
- (4) Loss is disclosed as result of change of Installation PBO, inventory or change of HRH inventory.
- (5) Liability is admitted, but exceeds individual's monthly pay.
- (6) Value of damages/shortages (real property and furnishings combined) exceeds responsible person's monthly basic pay.
- (7) An individual refuses to sign a statement of charges or cash collection voucher.

**NOTE:** HRHs are reminded of their responsibility to initiate reports of survey for lost, damaged, or destroyed property while the facts are clear in the minds of the person(s) concerned and those persons are still available. Timeframes are established as 5 days for initiation and submission of all surveys, with maximum allowable time of 15 days from the date of discovery. A survey initiated after this period will require a written statement from the responsible person explaining the extenuating circumstances and will be included or appended to the survey (see Appendix T) for preparation instructions for a DD Form 200, Financial Liability Investigation of Property Loss.

b. A DD Form 1131, Cash Collection Voucher, may be used when an individual admits liability in an amount not to exceed their monthly basic pay. It can also be used when a contractor admits pecuniary liability for any amount. The person or contractor may voluntarily, or in response to a request, offer payment in cash for the actual value of the property (see Appendix U) for additional information and instructions.

c. A DD Form 362, Statement of Charges/Cash Collection Voucher, may be used when an individual admits liability, in an amount not to exceed their monthly pay and they do not offer cash payment (see Appendix V) for additional instructions.

d. A DA Form 4949, Administrative Adjustment Report, is used to correct discrepancies within sizes, makes, models, stock numbers, or serial numbers. This method of property book adjustment is authorized only when no actual loss of property is involved (see Appendix R, which contains additional instructions).

## **SECTION XVII**

### **TEMPORARY HAND RECEIPTS**

The following temporary hand receipt procedures are for non-continuing requirements for equipment issued from a hand receipt holder to an individual, for a period up to 30 days. The following procedures are for organization internal use only:

a. The HRH issuing the property will prepare DA Form 3161, Request for Issue or Turn-in, in original and one copy. The individual receiving the property will sign the form. The original copy will be retained by the issuer and the receiver will maintain the second copy (see Appendix M).

b. The original copy will be placed in the HR file by suspense date (30 days from date of issue).

c. The temporary HRs will be reviewed daily to find if any have expired. Upon expiration of temporary HRs, the following actions will be taken:

(1) Withdraw the property from the individual.

(2) Destroy both copies of the temporary HR.

(3) If the individual still has a requirement for the property, reissue it using sub-hand receipt procedures with DA Form 2062, Hand Receipt/Annex Number, (see Appendix S). For permanent reissue of property, use transfer procedures (see Appendix S).

## SECTION XVIII

### SUBHAND RECEIPTS

The following sub-hand receipt procedures are for non-continuing requirements for equipment issued from a hand receipt holder to an individual, for more than 30 days. The following procedures are for organization internal use only:

When property is used in an area beyond the control of HRH, a sub-hand receipt may be used. DA Form 2062, Hand Receipt/Annex Number, is prepared in duplicate (see Appendix S) and both copies of the form are signed and dated by the individual accepting custody of the property. The original copy is filed in the HR file and the duplicate is retained by the receiver. Both copies are destroyed when the property is returned. The HRH will conduct a physical inventory of items on a sub-hand receipt when performing an annual inventory.

## SECTION XIX

### PROPERTY PASS

1. Anytime an item is taken off the installation for any reason, an OF 7, Property Pass, (Appendix H) must be completed. This form must be in the possession of the person taking the equipment off the island. It is a document to present to a Security Guard showing authorization to remove the equipment from the installation. **This form is not any type of hand receipt.**
2. A DA Form 2062, subhand receipt, must still be in place between the hand receipt holder and person having possession of the equipment. **The OF 7, Property Pass, is only an authorization document to remove stated property from the installation.** This equipment must be brought back in for the hand receipt holder to physically inventory during their 100% annual inventory (or during a change of hand receipt holder inventory, which would cause a new subhand receipt to be initiated.)

## SECTION XX

### SMALL PACKAGE EXPRESS REQUEST

1. Effective 2 January 2008, customers will now set up their own accounts with the expedited carriers of their choice, and ship their small packages directly through them.

**EXCEPTION:** Hazardous Material and Weapons.

2. Customer procedures:

- a. Contact FedEx, UPS, or DHL via phone or Internet to set up an account.
- b. Access account to order packaging boxes or envelopes free of charge.
- c. Package and label shipment item, per individual carrier directions.
- d. Schedule pick-up with the carrier.
- e. After shipping, receive individual account billing from the carrier.
- f. Easily track their shipments

3. Customers should make special note of the following:

- a. Provide account number to satellite locations as an alternative to requesting manual air bills through the Directorate of Logistics, Transportation Division, as the Transportation Division is unable to keep up with the increasing volume of air bill requests.
- b. All instructions, used prior to the 2 January 2008 changes, still apply for shipping hazardous materials and weapons. **DO NOT** ship these materials on your own.
- c. Per AR 25-51, 1-5, only certain items should be shipped through an expedited carrier. All other items should be sent through the US Postal Service.
- d. Check above regulation carefully to ensure proper compliance.
- e. Ensure materials are packaged appropriately, as each carrier provides boxes or envelopes free of charge.
- f. Packaging tape and padding materials may be purchased at The Arc (formerly the Self Service Supply Center (SSSC)).

4. All hazardous material and packages weighing over 150 pounds will be processed in Bldg 299, accompanied by the DD Form 1149, Requisition and Invoice/Shipping Document (see Appendix X).

5. Customers may access the RIA Homepage under USAG RIA Lean Six Sigma Website for additional information regarding shipping choices, packaging instructions, and regulatory guidance.

## SECTION XXI

### MAINTAINING DA FORM 2064, DOCUMENT REGISTER FOR SUPPLY ACTIONS

1. All activities, elements, and sub-elements authorized to submit requests for expendable/durable items to IMNE-RIA-LGS will maintain a DA Form 2064, Document Register for Supply Actions, or an automated equivalent (see Appendix Y).
2. A document register is established and maintained for all expendable document numbers assigned from your organization element.
3. The document register is maintained by calendar year or fiscal year. Use the procedures in AR 25-400-2, File number 710-2b or DA PAM 25-400-2 for filing and extracting document registers.
4. At the end of the year (fiscal or calendar depending on how the record is maintained), the register becomes inactive and a new register is started. The old register is held in the current files area for one year. During that year, any open transactions which are completed are closed out (posted) on the old inactive register. At the end of the one year period, all open numbers (if any still exist) are transferred to the new document register. Record the open documents in correct document number sequence as the first entries in the new document register. The old inactive register is held for one additional year and then destroyed.
5. Any new cost center established in your organization which is going to maintain a document register must obtain prior approval from the Installation PBO, IMNE-RIA-LGS. Forward a memorandum to the PBO requesting authorization to maintain the document register under the new cost center.
6. Use the document register as a reference to complete the backorder reconciliation for expendable document numbers.
7. When maintained properly, the document register serves as a record for open and closed supply actions.

**NOTE:** For a priority 03, request column h of the Document Register be initiated by the Director (or equivalent). For a priority 06, a Division Chief or equivalent, will initiate the Document Register.



## **SECTION XXII**

### **DURABLE USAGE CONTROL RECORD**

1. All activities, elements, and sub-elements authorized to submit requests for durable items to IMNE-RIA-LGS will maintain a durable usage control record for items received, turned in, or transferred. The durable usage control record can either be an automated spreadsheet or AMC Form 2468-R, Durable Usage Control Record (see Appendix Z).
2. Durable property is personal property that is not consumed in use, does not require property book accountability, but because of its unique characteristics requires control when issued to the user. The following classes or types of property will be coded durable and responsibility assigned as follows:
  - a. All hand tools in Federal Supply Classes (5110, 5120, 5130, 5133, 5136, 5140, 5180, 5210, 5220, and 5280) with a unit cost of \$50 or more, but less than \$300.
  - b. Personal property having a unit cost over \$300, but less than \$5000 assigned a CIIC of "U" or "7", and RICC of "0" (includes computers, printers, monitors, laptops, etc.).
  - c. Cellular phones, pagers, and research in motion (RIM) Blackberry units with a unit cost of less than \$1000.

## **SECTION XXIII**

### **DELIVERY OF PROPERTY BOOK EQUIPMENT**

1. Delivery of property book equipment involves items which are procured from different installations/sources other than through IMNE-RIA-LGS. If the type of equipment being delivered is listed on Appendix I, a Mission Needs Statement (MNS) or Capability Request (CAPR) is required along with the RIA Form 735-2I, Request for Issue. Obtain a copy of the MNS or CAPR from the procurer or submit a MNS or CAPR through appropriate organizations Information Management Area (IMA). When the proper documentation has been processed and the equipment received, the contractor will contact the HRH, receive an authorized signature on RIA Form 735-2I, and provide the customer a signed copy and the newly received equipment.
2. When a HRH is aware that equipment is being shipped to them, proper documentation (RIA Form 735-2I, Request for Issue (Appendix D), with CAPR/MNS attached (Appendix K)) will be prepared and forwarded to IMNE-RIA-LGS immediately in order for them to establish a due-in. These documents will correspond to the customer's items when received in Building 154. The contractor will contact the HRH, receive an authorized signature on RIA Form 735-2I, and

provide the customer a signed copy and the newly received equipment. If the equipment received is on another installation's property book, a RIA Form 3161, Request for Issue or Turn-In, is required in lieu of the RIA Form 735-21.

**NOTE:** If property book equipment is received at any time without being processed through proper channels, notify IMNE-RIA-LGS immediately.

## **SECTION XXIV**

### **COMMAND SUPPLY DISCIPLINE PROGRAM (CSDP)**

1. The CSDP is a compilation of existing supply regulatory requirements brought together for visibility purposes. It is directed at standardizing supply discipline throughout the Army and eliminating noncompliance with supply regulations. The purpose of the CSDP is to:

- a. Establish supply discipline as regulatory guidance.
- b. Standardize supply discipline requirements.
- c. Provide responsible personnel with a single listing of supply policy requirements.
- d. Make the US Army more efficient with respect to time spent monitoring subordinates' actions.
- e. Eliminate repeat findings of noncompliance with policy.

2. In order to achieve the above purpose, the CSDP will:

- a. Ensure compliance with DA supply policy and procedures.
- b. Determine the adequacy of established DA supply policy and procedures.
- c. Identify supply problems to permit timely corrective action within the chain of command.

3. The CSDP addresses the following areas:

- a. Responsibilities of commanders and supervisory personnel to instill supply discipline in their operations.
- b. Guidance for evaluating supply discipline.
- c. Feedback through command and technical channels for improving supply policy and for improving procedures to monitor supply discipline.
- d. Follow-up to ensure supply discipline is maintained.

4. A CSDP monitor is appointed with the following responsibilities:
  - a. Assist with the establishment and utilization of their Garrison Manager's CSDP.
  - b. Check subordinate unit to ensure the Garrison Manager's guidance for implementing CSDP is as follows:
    - c. Responsible for reviewing the results of CSDP evaluations by subordinate units in order to identify supply strengths and weaknesses throughout the installations.
    - d. Keeps the Garrison Manager informed as to the status of supply discipline and of CSDP.
    - e. Recommends what areas require increased command emphasis.
5. The CSDP monitor is required to be the senior logistician to the Garrison Manager; therefore, is located within the Directorate of Logistics. In order to perform the above tasks, as monitor, organizations must provide information to the monitor regarding their strengths and weaknesses. The tool provided to organizations to make this determination is a Requirement Listing as shown in Appendix AA.
6. A compilation of existing requirements is established as a requirements listing. The Requirement Listing outlines the various supervisory responsibilities relating to the supply arena. The intent of the requirement listing is to provide supervisors with a single source of supply policy requirements. The requirements listing (Appendix AA) will be forwarded to the supervisors of HRH's on a quarterly basis to review and a response will be required to indicate compliance and /or identify if a supply problem exist.
7. Immediate supervisors will:
  - a. Review the Requirements Listing within the CSDP in order to become familiar with applicable regulatory requirements.
  - b. Use the listing as a guide/checklist in the routine performance of their duties.
  - c. Report to the immediate Director any applicable requirements within the listing that cannot be completed.
  - d. Sign, date and return the Command Supply Discipline Program (CSDP) User Level Requirements Listings, as well as the CSDP User Checklist Response document.
8. This regulatory guidance applies to all personnel within the retail supply arenas including hand receipt level.

# APPENDIX A

## Instructions for the Preparation of Memorandum for Appointment of Hand Receipt Holder When Joint Inventory is Being Performed

MEMORANDUM FOR IMNE-RIA-LGS

SUBJECT: Appointment of Hand Receipt Holder

1. Per **RIAP 735-1**, \_\_\_\_\_ (name, grade/rank, office symbol, telephone extension, e-mail address)\_\_\_\_ is hereby appointed hand receipt holder for UIC \_\_\_\_\_, hand receipt number \_\_\_\_\_, to replace the current hand receipt holder, \_\_\_\_(name of individual)\_\_\_\_.
2. Request copies of the above hand receipt be forwarded for the purpose of conducting a per-joint inventory between the gaining and losing hand receipt holders.
3. The point of contact is \_\_\_\_\_

//signature//  
TYPED NAME  
Title of Director

---

## Instructions for the Preparation of Memorandum for Establishing a New Appointment of Hand Receipt Holder

MEMORANDUM FOR IMNE-RIA-LGS

SUBJECT: Establishing a Hand Receipt Number for Hand Receipt Holder

1. Per **RIAP 735-1**, \_\_\_\_\_ (name w/grade/rank)\_\_\_\_\_ is hereby appointed hand receipt holder for UIC \_\_\_\_\_, paragraph number \_\_\_\_\_ cost center \_\_\_\_\_, location \_\_\_\_\_, office symbol \_\_\_\_\_, telephone extension \_\_\_\_\_, e-mail address \_\_\_\_\_.
2. The point of contact is \_\_\_\_\_.

//signature//  
TYPED NAME  
Title of Director

## APPENDIX B

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (Expendable Material)

**NOTE 1:** All entries, with the exception of the signature and initials, will be typewritten or printed legibly in ink.

**NOTE 2:** Try to appoint at least 2-3 employees in case of TDY or annual/sick leave.

**Forward completed card to: IMNE-RIA-LGS**

#### Block

#### Information

- (1) Enter date of submission (example: 31 Jan 09). When more than one card is submitted on the **same date**, number the cards in date block (i.e., 31 Jan 09 (02), 31 Jan 09 (03), 31 Jan 09 (04)).
- (2) Clearly enter Office Symbol and Unit Identification Code (UIC).
- (3) Enter detailed location/delivery instructions.
- (4) Type only the name of the individual(s) delegated/authorized by the hand receipt holder. Enter “**not used**” on any remaining lines, if necessary.
- (5) Enter duty telephone extension of individual(s) delegated/authorized in Block 4.  
**EXCEPTION: Tool crib items** require a partial social security number (**last four digits only**), with the telephone number being entered in “Remarks” (Block 9).
- (6) **REQ** -- Enter YES for each individual delegated/authorized to request property book items; otherwise, enter “NO”.  
**REC** -- Enter YES for each individual delegated/authorized to receive property book items; otherwise, enter “NO”.
- (7) Obtain signature **and initials** of delegated/authorized representative (from Block 4).
- (8) Place X in appropriate box. If **REQ** was used in Block 6, type “**Request for Expendable Property**” and the appropriate hand receipt number. If **REC** was used in Block 6, type “**Receive Expendable Property**” and the appropriate hand receipt number.
- (9) Enter “**Supply and Services Division**”
- (10) Enter UIC and Office Symbol
- (11) Enter DODAAC/Cost Center
- (12) Type last name, first name, and middle initial of hand receipt holder.
- (13) Enter grade of the hand receipt holder.
- (14) Enter telephone number of the hand receipt holder.
- (15) Enter expiration date of card. Person making the delegation/authorization determines this date. Try to establish a date the delegating authority expects to remain in the job. The date established cannot exceed 3 years from the date entered in Block 1. Review form annually for changes.
- (16) Signature of hand receipt holder.

## APPENDIX B (Continued)

### Sample of DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (Expendable Material)

<b>NOTICE OF DELEGATION OF AUTHORITY – RECEIPT FOR SUPPLIES</b> <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG</i>					(1) DATE <b>7 Jan 2011 (01)</b>	
<b>AUTHORIZED REPRESENTATIVE(S)</b>						
(2) ORGANIZATION RECEIVING SUPPLIES <b>AMSTA-RIA-XX, W0K8AA</b>				(3) LOCATION <b>Bldg 100, 4<sup>th</sup> Floor, Middle Bay, NE Corner</b>		
(4) LAST NAME–FIRST NAME–MIDDLE INITIAL		(5) SOCIAL SECURITY NUMBER	(6) AUTHORITY		(7) SIGNATURE AND INITIALS	
			REQ REC			
<b>DOE, John E.</b>		<b>2-XXXX</b>	YES YES		<i>John E. Doe</i> <b>jed</b>	
<b>SMITH, Tom E.</b>		<b>2-XXXX</b>	YES NO		<i>Tom E. Smith</i> <b>tes</b>	
<b>NOT USED</b>						
<b>NOT USED</b>						
<b>AUTHORIZATION BY RESPONSIBLE OR ACCOUNTABLE OFFICER</b>						
(8) THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE.						
THE AUTHORITY TO: <b>Request and/or Receive Expendable Property.</b>					<b>HR # XXXX</b>	
(9) REMARKS <b>Supply and Services Division</b>						
I ASSUME FULL RESPONSIBILITY						
(10) UNIT IDENTIFICATION CODE <b>W0K8AA AMSTA-RIA-XX</b>			(11) DODAAC/ACCOUNT NUMBER <b>W5XXXX CC: B1000</b>			
(12) LAST NAME-FIRST NAME-MIDDLE INITIAL <b>WOLFE, James D.</b>		(13) GRADE <b>GS-13</b>	(14) TELEPHONE NUMBER <b>2-XXXX</b>	(15) EXPIRATION DATE <b>31 Jan 2011</b>	(16) SIGNATURE <i>James D. Wolfe</i>	

## APPENDIX C

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (Nonexpendable Material)

**NOTE 1:** All entries, with the exception of the signature and initials, will be typewritten or printed legibly in ink.

**NOTE 2:** Try to appoint at least 2-3 employees in case of TDY or annual/sick leave.

**Forward completed card to: IMNE-RIA-LGS**

#### Block

#### Information

( 1) Enter date of submission (example: 31 Jan 09). When more than one card is submitted on the **same date**, number the cards in date block (i.e., 31 Jan 09 (02), 31 Jan 09 (03), 31 Jan 09 (04)).

( 2) Clearly enter Office Symbol and Unit Identification Code (UIC).

( 3) Enter detailed location/delivery instructions.

( 4) Type only the name of the individual(s) delegated/authorized by the hand receipt holder. Enter “**not used**” on any remaining lines, if necessary.

( 5) Enter duty telephone extension of individual(s) delegated/authorized in Block 4.

**EXCEPTION:** **Tool crib items** require a partial social security number (**last four digits only**), with the telephone number being entered in “Remarks” (Block 9).

( 6) **REQ** -- Enter YES for each individual delegated/authorized to request property book items; otherwise, enter “NO”.

**REC** -- Enter YES for each individual delegated/authorized to receive property book items; otherwise, enter “NO”.

( 7) Obtain signature **and initials** of delegated/authorized representative (from Block 4).

( 8) Place X in appropriate box. If **REQ** was used in Block 6, type “**Request for Nonexpendable Property**” and the appropriate hand receipt number. If **REC** was used in Block 6, type “**Receive Nonexpendable Property**” and the appropriate hand receipt number.

( 9) Enter “**Supply and Services Division**”

(10) Enter UIC and Office Symbol

(11) Enter DODAAC and Cost Center

(12) Type last name, first name, and middle initial of hand receipt holder.

(13) Enter grade of the hand receipt holder.

(14) Enter telephone number of the hand receipt holder.

(15) Enter expiration date of card. Person making the delegation/authorization determines this date. Try to establish a date the delegating authority expects to remain in the job. The date established cannot exceed 3 years from the date entered in Block 1. Review form annually for changes.

(16) Signature of hand receipt holder.

## APPENDIX C (Continued)

### Sample of DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies (Nonexpendable Material)

<b>NOTICE OF DELEGATION OF AUTHORITY – RECEIPT FOR SUPPLIES</b> <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG</i>				(1) DATE <b>7 Jan 2011 (01)</b>	
<b>AUTHORIZED REPRESENTATIVE(S)</b>					
(2) ORGANIZATION RECEIVING SUPPLIES <b>AMSTA-RIA-XX, W0K8AA</b>			(3) LOCATION <b>Bldg 100, 4<sup>th</sup> Floor, Middle Bay, NE Corner</b>		
(4) LAST NAME–FIRST NAME–MIDDLE INITIAL		(5) SOCIAL SECURITY NUMBER	(6) AUTHORITY		(7) SIGNATURE AND INITIALS
			REQ	REC	
<b>DOE, John E.</b>		<b>2-XXXX</b>	YES	YES	<i>John E. Doe</i> <i>jed</i>
<b>SMITH, Tom E.</b>		<b>2-XXXX</b>	YES	NO	<i>Tom E. Smith</i> <i>tes</i>
<b>NOT USED</b>					
<b>NOT USED</b>					
<b>AUTHORIZATION BY RESPONSIBLE OR ACCOUNTABLE OFFICER</b>					
(8) THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE.					
THE AUTHORITY TO: <b>Request Nonexpendable Property</b>				HR # <b>XXXX</b>	
(9) REMARKS <b>Supply and Services Division</b>					
I ASSUME FULL RESPONSIBILITY					
(10) UNIT IDENTIFICATION CODE <b>W0K8AA</b>		<b>AMSTA-RIA-XX</b>		(11) DODAAC/ACCOUNT NUMBER <b>W52XXX</b> <b>CC: B1000</b>	
(12) LAST NAME–FIRST NAME–MIDDLE INITIAL <b>WOLFE, James D.</b>		(13) GRADE <b>GS-13</b>	(14) TELEPHONE NUMBER <b>2-XXXX</b>	(15) EXPIRATION DATE <b>31 Jan 2011</b>	(16) SIGNATURE <i>James D. Wolfe</i>



# APPENDIX D

## Instructions For Preparation of RIA Form 735-2I, Request for Issue, Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

- NOTE 1:** When requesting Controlled Cryptographic Item (CCI), type and highlight “**CCI**” somewhere on the form  
**NOTE 2:** When requesting CCI, an “approved” Mission Needs Statement (MNS) is NOT required with the request  
**NOTE 3:** Signature requirements are based on Priority Designator under “Definition” (See Block 7)

INTERNAL USE ONLY					
MC _____	AAC _____	SOS _____	CIS/SUB _____	ACC _____	QTY REC'D _____
RC _____	EIC _____	F/C _____	SIG _____	E/C _____	QTY DUE IN _____
SLC _____	DML _____	ICC _____	CIIC _____	CATG _____	

(Office Symbol): **Office Requesting Material**

**MEMORANDUM FOR** IMNE-RIA-LGS

**USED BY IMNE-RIA-LGS/CONTRACTOR ONLY**  
 \*\*\* Received by & Date: sign upon receipt of item and date (mm/dd/yyyy)

**SUBJECT:** Request for Issue **DATE:** \_\_\_\_\_ Date Submitted \_\_\_\_\_

1. **Stock No:** Enter Stock Number, if known
2. **Unit of Issue:** Enter Unit of Issue (**Example: EA, BX, PR, etc.**). If issued in the form of a container, box, or package, etc., the unit of measure or issue must be annotated.
3. **Document No** consists of 14 digits (**Example: A 96000 7317 0001**)

- JMC:** A7I + last 3 digits of office symbol + year/julian date & document number  
**ASC:** A7I + last 3 digits of office symbol + year/julian date & document number  
**Other tenants:** A7D + last 3 digits of office symbol + year/julian date & document number  
**Garrison-RI:** A + office work center + year/julian date & document number

*\*Document Number is determined daily by each activity, using sequence of numbers; i.e. 001, 002, 003, etc.*

3a. **PBO Document No:** Leave Blank (Property Book Officer will assign a document number)

4. **Quantity Requested:** Enter the quantity being requested

5. **Demand Code:** R = Reoccurring N = Non-occurring

6. **Distribution Code:** Enter the appropriate delivery point code for your organization

7. **Issue Priority Designator:** Enter appropriate issue priority designator. Priority assignment is a combination of Force Activity Designator (FAD) and Urgency of Need Designator (UND)

<u>UND</u>	<u>IPD</u>	<u>DEFINITION</u>
A	03	Unable to perform mission without supplies/equipment (Director/Equivalent)
B	06	Capability to perform mission is impaired without supplies/equipment (Division Chief)
C	13	Supplies/equipment standard scheduled request. (HRH or Authorized Requestor)

## APPENDIX D (Continued)

### Instructions For Preparation of RIA Form 735-2I, Request for Issue, Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

- 8. Required Delivery Date:** Enter date equipment is required
- 9. Unit Cost:** Enter unit cost of equipment being requested
- 9a. Total Cost:** Enter total cost of equipment being requested
- 10. MFG:** Enter manufacturer's name
- 10a. MODEL/PN:** Enter Model Number or Part Number
- 11. Description:** Enter complete item description of equipment being requested. If equipment is on-hand, annotate the serial number and barcode, if applicable.
- 12. Catalog/Brochure:** For nonstandard/commercial items, provide a catalog/brochure number and a suggested source supply
- 13. Place an "X" in the appropriate block; SIFS, SOMARDS, or Accounting Classification.**  
**SIFS:**  
**SOMARDS:** HQ, JMC, ASC and Garrison-RI customers. Annotate appropriate job order and fund code.  
**Accounting Classification:** All other property book customers. Annotate appropriate job order assigned by the organization's financial office.
- 14. Location:** Enter office symbol, building, floor, wing, etc., where equipment is to be delivered.
- 15. Point of Contact and Extension for this Request:** Enter the point of contact and telephone extension of personnel knowledgeable of this request.
- 16. UIC No/TDA Paragraph No/Hand Receipt No:** Enter applicable information pertaining to your organization.
- 17. Type of Funds:** Operating & Maintenance, Army (OMA); Procurement Appropriation (PA); Army Working Capital Fund (AWCF), etc. (if identified to be Production Support & Equipment Replacement (PSR), Manufacturing, Methods & Technology (MMT), or Research, Development, Testing & Evaluation (RDTE) project, annotate project number).
- 18. Justification:** Enter complete justification for the requisition of equipment or a sole source justification as to why a specific type of material or vendor should be used. (see next page for further clarification)

**Signature Block:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NOTE: SIGNATURE BLOCK IS REQUIRED ON ALL REQUESTS FOR ISSUE  
(See Block 7 for signature requirements)**

## APPENDIX D (Continued)

### Instructions For Preparation of RIA Form 735-2I, For Issue Only Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

**18. Justification:** Enter complete justification for the requisition of equipment.

a. CTA-Authorized Equipment. CTA 50-909 is established for equipment that is commonly used throughout the Army community. Directors budget for this equipment in the Capital Investment Program budget. Complete justification must be furnished. If submission is for replacement of on-hand equipment, this must be noted.

b. Intensively Managed Equipment. Justification for equipment identified in Appendix I, requires an approval document which must be attached to request.

c. DA-Controlled Equipment

(1) All items identified by controlled item code "C" in SB 700-20

(2) Nonstandard filing equipment as described in AR 25-1

(3) Micrographic equipment as described in AR 25-1

(4) Automation equipment, excluding communications automation equipment approved for procurement by HQDA (DAAC) IAW AR 25-1

(5) Printing, binding, or related auxiliary equipment, approved for procurement by HQDA (DAAG) IAW AR 25-1 and AR 25-30

(6) Mailing equipment or related components approved for procurement by HQDA IAW AR 340-3

(7) Commercial aircraft

(8) Commercial individual weapons (rifles/revolvers/pistols/shotguns), except pellet weapons

(9) Military police working dogs

(10) Commercial items, \$15,000 and over, in the following categories which have been transferred from expense (Operations and Maintenance (O&M) / Stock Fund (SF)) to investment (PA) funding. Items obtained through overseas procurement and intended solely for overseas use are not included:

(a) Automation equipment

(b) Visual information and printing, to include all printing, duplicating, binding, and related equipment controlled by HQDA (DAAG) (AR 25-1 and AR 25-30)

## APPENDIX D (Continued)

### Instructions For Preparation of RIA Form 735-2I, For Issue Only Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

- (d) Machine tools:
  - Lathes
  - Machines abrasive/blasting/cutting/drilling/forming/milling/planning/shaping/  
turning/ welding)
  - Mills (routing)
  - Presses

The checklist (Appendix E) is provided to assist in supplying a complete justification. DA-controlled equipment must be authorized on an approved TDA prior to requisitioning. This service is provided by IMNE-RIA-LGS, based on justification provided. TDA documentation takes from six months to one year. Exempt from TDA documentation is equipment purchased with Production Support & Equipment Replacement (PS&ER), Manufacturing, Methods & Technology (MMT), or Research, Development, Testing & Evaluation (RDTE) project funds and Army Working Capital Funds (AWCF).

- (e) Base-Level Commercial Equipment (BCE)

(1) Commercial equipment over \$15,000 must be budgeted three years in advance and can only be procured with BCE funds

(2) The AWCF installations within central supply activities are eligible for BCE funds. Equipment must be totally dedicated to the central supply mission to qualify for BCE funding

(3) If requested items are not currently authorized in Section III of your TDA, a line item number (LIN) from chapter 6, SB 700-20 and justification IAW Appendix E must be provided for TDA update. If a LIN from chapter 6, SB 700-20 cannot be identified to requested equipment, justification and information must be provided.

(4) Exceptions are: equipment purchased with PS&R, MMT, RDTE projects, and AWCF.

(f) New equipment acquisitions with a unit cost of \$15,000 and over, purchased with AWCF funds, must be justified.

**NOTE:** All activities must get financial approval/certification from their appropriate funding channel, prior to submitting RIA Form 735-2I, Request for Issue. Once approval has been received, submit MNS or CAPR, along with RIA Form 735-2I, to IMNE-RIA-LGS.

**JMC & ASC** are required to submit an **“approved”** Capability Request (CAPR)

**All other Activities** are required to submit an **“approved”** Mission Needs Statement (MNS)

# APPENDIX D (Continued)

## Sample of RIA Form 735-2I, Request for Issue Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

MC _____	AAC _____	SOS _____	CIS/SUB _____	ACC _____
RC _____	EIC _____	F/C _____	SIG _____	E/C _____
SLC _____	DML _____	ICC _____	CIIC _____	CATG _____

QTY REC'D \_\_\_\_\_  
QTY DUE IN \_\_\_\_\_

**USED BY IMNE-RIA-LGS/CONTRACTOR ONLY**  
Received By & Date: Jane Doe 6 March 2009

(Office Symbol) **AMSTA-RIA-XX**  
MEMORANDUM FOR **IMNE-RIA-LGS**

SUBJECT: Request for Issue

DATE: 31 February 2011

(The following entries are to be completed for expendable and nonexpendable items)

- |  |  |
|--|--|
| 1. Stock No: <b>1234-56-789-0987</b>   | 2. Unit of Issue: <b>EA</b>                                  |
| 3. Document No: <b>AB00000-1876-W789</b>   | 3a. PBO Document No: _____                                   |
| 4. Quantity Requested: <b>1,000</b>  | 5. Demand Code: <b>Choose: "Recurring" or "Nonrecurring"</b> |
| 6. Distribution Code: <b>PAB</b>   | 7. Issue Priority Designator: <b>06</b>                      |
| 8. Required Delivery Date: <b>29 April 2009</b>  |  |
| 9. Unit Cost: <b>\$25.00</b>   | 9a. Total Cost: <b>\$25,000.00</b>                           |
| 10. MFG: <b>Supertak</b>   | 10a. MODEL/PN: <b>If known</b>                               |
| 11. Description: <b>SUPERTAK HIGH PERFORMANCE AEROSOL ADHESIVE SPRAY, MSDS #4444, HAZARD RATING 2-2-2-Z</b>                            |  |
| 12. Catalog/brochure and <u>suggested/sole source</u> memo enclosed (sample of memo is at Appendix F and G): <b>K &amp; K Hardware</b> |  |

13. SIFS: <b>X</b>	Job Order: <b>G00TTT</b>	Fund Code: <b>VS</b>
SOMARDS: _____	Job Order: <b>0000</b>	Fund Code: _____
Accounting Class: _____		Fund Code: <b>RM</b>

14. Location: **Bldg 222, 2<sup>nd</sup> Floor, Room 222, Column 22B2**  
15. Point of Contact for this Request: **John E. Doe, AMSTA-RI-XX, 2-xxxx**

16. UIC No: **W01AB2**      TDA Paragraph No **0022**      Hand Receipt No: **2233**

17. Type of Funds: **OMA**

18. Justification: **Used on SECM** (see next page for additional justification instructions)

Signature Block: \_\_\_\_\_ \*      Signature: \_\_\_\_\_ \*

\* Signature is determined by the Priority Designator, as stated in Block 7, under "definition".

## APPENDIX E

### RECOMMENDATIONS FOR EQUIPMENT JUSTIFICATION

1. Why is equipment required? Are any of the following applicable to the requirement?
  - a. Is there a change in mission or function?
  - b. Can savings be realized by authorizing and acquiring equipment? What is the amortization rate?
  - c. Has workload increased? If so, how and what does it consist of (units, distance, tonnage, etc.)?
  - d. Is equipment required to meet regulatory, safety, or health standards?
  - e. Has something happened which demonstrates equipment is required?
  - f. Will equipment be used to support other activities, including tenants, on the installation?
  - g. Is it clearly established that requirement is of a continuing nature? Has temporary loan of the equipment and/or availability of contractual sources for accomplishment of unusual workloads been considered/attempted.
  - h. What is the rationale used to arrive at the quantity of items required?
  - i. Why doesn't present on-hand equipment support the requirements?
  - j. How many identical items does activity presently have on-hand? What is activity's total requirement?
  - k. If new method of performing a task was developed, why is present method/equipment unsatisfactory? Will there be any savings in cost per item of production or man-hours expended?
2. Is the equipment compatible in respect to the following:
  - a. Other on-hand equipment.
  - b. Operator skills of authorized personnel.
3. Is item required the least expensive item which will supply the more sophisticated benefits available to do the job? A cost analysis to support this fact must be furnished.

## APPENDIX E (Continued)

### RECOMMENDATIONS FOR EQUIPMENT JUSTIFICATION

4. What equipment is presently on-hand, if any, will be excessed if the equipment is acquired?
  - a. What is the condition and life expectancy of the equipment?
  - b. Can the equipment be utilized elsewhere?
5. Will any personnel space changes be made if equipment is acquired? If so, what changes will be made?
6. Is installation maintenance support available or will contract be required? If so, it is the manager's responsibility to submit request.
7. What alternatives are available if equipment is not approved? How will this impact on performance or mission.

## APPENDIX F

### Brand Name Justification

- NOTE 1:** If a certain brand of accessories is needed, a brand name justification is required.
- NOTE 2:** Brand name justifications are kept on file in IMNE-RIA-LGS for one year.
- NOTE 3:** If a brand name justification is necessary, reference this in Block 12 "Description Block" of RIA Form 735-2I.
- NOTE 4:** If items are being purchased for an already existing unit, state this and justify.

AMSTA-RI-

#### MEMORANDUM FOR RECORD

SUBJECT: Justification for Brand Name Item

1. Request the items ordered on Document Number **A58000-60540001** and **002** are of the Loctite brand.
2. Request the Loctite brand as it contains properties for various applications needed in the maintenance of all equipment, and it is chemically compatible with all cleaners, catalysts and other bonding agents in stock on Rock Island Arsenal. The General Service Administration (GSA) federal stock does not give complete instructions for proper applications, temperature range, torque specifications, viscosity and cure speeds, as does the Loctite brand. Using chemically incompatible materials such as GSA federal stock could result in poor quality assembly, damage to components, and/or injury to personnel.
3. The point of contact is Mrs. Jane Smith, AMSJM-RI-XX, 2-xxxx, Email: xx.xxx@us.army.mil.

JOHN E. DOE  
Chief, Metals Processing



# APPENDIX G

## Sole Source Justification

- NOTE 1:** When requesting a specific type of item, a sole source justification is required.
- NOTE 2:** Sole source justification must be on a separate memorandum attached to the RIA Form 735-2. Explain, **in detail**, why only one particular vendor meets your requirements.
- NOTE 3:** This memorandum must be signed by an authorized person listed on the DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies.
- NOTE 4:** A sole source justification must be current and submitted each time a particular item is requisitioned.

AMSTA-RI-

MEMORANDUM FOR RECORD

SUBJECT: Sole Source Justification

1. Request the following item, necessary for the KALTEK ladle lining system, be procured on a sole source basis for 3-ton ladles and 5-ton ladles:

Kalcreate 50, permanent cast able refractory, Stock Number 9350-00-X85-3924.

2. This material is necessary to incorporate the latest technology on ladle refractoriness into the production process at Rock Island Arsenal foundry. This will improve the quality of products by the elimination of oxides and inclusions from metals. This will lower the cleaning room costs now necessary for repair.


3. This material must be procured from Foseco, Inc., Foundry Products Division, 20200 Sheldon Road, Cleveland, OH 44142, as this is a patented and trademark registered product.

4. The point of contact is Mrs. Jane Doe, AMSJM-RI-XX, 2-xxxx, Email: x.xx@us.army.mil

JOHN E. DOE  
Chief, Maintenance Division

# APPENDIX H

## OF 7, Property Pass

OPTIONAL FORM 7 SEPTEMBER 1988 PRESCRIBED BY GSA FPMR (41 CFR) 101-20.110	<b>PROPERTY PASS</b>	1. DATE ISSUED 01 May 2011
<p>This pass is to be used whenever property is removed from the building. It is to be properly filled in and signed and handed to the guard when leaving the building.</p>		
2. NAME JOHN DOE	3. BUILDING BUILDING 154	
4. DESCRIPTION OF PROPERTY BEING REMOVED DELL LATITUDE NOTEBOOK		
5. PROPERTY BELONGS TO USAG-RI	6. DEPARTMENT OR AGENCY DIRECTORATE OF LOGISITICS	
7. SIGNATURE OF PERSON AUTHORIZING REMOVAL OF PROPERTY 	8. TITLE DIVISON CHIEF	
NSN 7540-00-634-4264		9. PASS GOOD UNTIL 30 SEPTEMBER 2011

## APPENDIX I

### Equipment Approvals Which Require a Capability Request (CAPR) Or Mission Needs Statement (MNS)

#### Information Management Area (IMA) Equipment

<u>Type of Equipment</u>	<u>Directive Requirements</u>
1. Automation	AR 25-1
2. Communications	AR 25-1
3. Visual Information	AR 25-1
4. Copy/Print	AR 25-1, AR 25-30

### Equipment Approvals Which “DO NOT” Require a Capability Request (CAPR) Or Mission Needs Statement (MNS)

<u>Type of Equipment</u>	<u>Directive Requirements</u>
1. Industrial Plant	AR 700-43
2. Safety Equipment Devices	AR 385-10; RIAR 385-2
3. Mailing Equipment (except postage metering devices)	AR 25-51
4. Flags	AR 840-10
5. Controlled Cryptographic Item (CCI)	AR 710-2

# APPENDIX J

## Instructions For Completing Capability Request (CAPR)

To complete or track CAPR form, go to the following website:

<https://www6.osc.army.mil/Taskmaster/CAPR/CAPRAdd.asp>

**NOTE:** Prior to submission of your RIA Form 735-21 to IMNE-RIA-LGS, ensure an **approved** CAPR is attached. Failure to obtain proper signatures, or attach appropriate documents, will result in the return of the package; thus, delaying the process.

### **FIELD DESCRIPTIONS:**

**CAPR Number:** A unique number computer-generated and assigned to your new CAPR. It is comprised of a two-character command code such as "JM" for JMC, a two-digit fiscal year such as "07", a two-character symbol identifying the submitting organization, and a three-digit sequential number (added by -IM).

**Date of Request:** Computer-generated showing the date the CAPR was requested within the system.

**Requisition Priority:** Select a priority from the drop down box. Choices include: 03 = Unable to Perform Mission, 06 = Mission Impaired, or 13 = Standard Request Scheduled.

**Requester Name:**  
**Phone:**  
**E-Mail:** } Pre-filled (generated from your Login information)

**Physical Location of Requirement:** If the physical location is on Rock Island Arsenal (RIA), click on the drop down arrow in the **On Island** box to select the building and floor from the list. If you picked Bldg 350 in the **On Island** box, type the letter and number of the post location in the **Post/Room** box. If the physical location is not on RIA, type the location in the **Off Island** box.

**Describe your requirement:** General description of your total requirement (all of the items you are requesting).

**Explain why you need this requirement:** Justification for purchase of your requirement.

**Did you coordinate with the Information Management (IM) staff?** Type "Y" for Yes or "N" for No or click on the arrow to get the drop down list and click on your choice.

**If yes, please list their name(s):** Type the names of the IM Staff Members you contacted to coordinate your request placing a comma between each name.

**Required Delivery Date:** Click on the down arrow by the tiny calendar icon. The current month's calendar is displayed. If you want to specify a different month, click on one of the small right or left arrows at the top of the calendar to move forward or back to the month you want. Then click on the day of the month to select it.

**If you are satisfied with the data you have entered thus far:** Click on the **Add Specific Requirements** button, where you will be taken to the CAPR Line Items Screen to enter the details of line items you are requesting to purchase.

You can erase all data you entered and start over by clicking on the **Clear** button.

## APPENDIX J (Continued)

### Sample of Capability Request (CAPR)

**NOTE:** \* Automatically inserted upon login and insertion of your CAC card  
 \*\* Information added in approval stage  
 Indicates information customer enters

1. CAPR Number: AS07GW3333\*

AAP Number:

Date of Request: 01/32/07\*

Requisition Priority:

FOR IM USE WITH IM CAPR ONLY		
2. Is this requirement in the IT Plan?		Line Item Number:
To View the IT SPENDING PLAN, Click Here (Click the browser back button to return to this page)		
Is funding available?		

3. Requester Name: Doe, John CIV USA\* Phone: DSN 793-5555\* E-Mail: \*xx.xxxx@

Physical Location of Requirement: Building: 100 – 3<sup>rd</sup> Floor\* Post: WSW

4. Describe your requirement:

Explain why you need this requirement:

Did you coordinate with the Information Management Staff?

Names:

Required Delivery Date:

DA Form 3953 Requisition Number:

REQUESTED LINE ITEMS				
Product	Tech Review	Tech Review Supv	In Baseline	STACMB
<input type="text" value="Blackberry Device"/>	Approved**	Approved**	Yes**	
<b>Quantity</b>	<b>Unit Cost</b>	<b>Maintenance Cost</b>	<b>Other Cost</b>	<b>Total Cost</b>
<input type="text" value="1"/>	<input type="text" value="\$249.99"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$249.99"/>
<b>Type Funds</b>	<b>Type PO</b>	<b>Type PO Maint</b>	<b>Type PO Other</b>	<b>EOR</b>
	<input type="text" value="Under 2500"/>			
<b>Somards Job Order</b>	<input type="text" value="7ZZ6ZZ"/>			
<b>Budget Remarks:</b>				
<b>Item Description:</b>	<input type="text" value="Blackberry Model 9999Z"/>			
<b>Suggested Source:</b>	<input type="text" value="Mary Smith, CDW Government, Inc., 54545454 Riverwoods Blvd, Kelloggs, IL 22222, (399) 777-8888, xx.xxx@"/>			
<b>Alternate 2 Acquisition Source:</b>				
<b>Alternate 3 Acquisition Source:</b>				
<b>Alternate 4 Acquisition Source:</b>				

**APPENDIX J (Continued)**

**Sample of Capability Request (CAPR)**

REQUESTED LINE ITEMS				
Product	Tech Review	Tech Review Supv	In Baseline	STACMB
Blackberry Rim SCR (Blue Tooth CAC reader)	Approved**	Approved**	Yes**	
Quantity	Unit Cost	Maintenance Cost	Other Cost	Total Cost
1	\$166.00	\$0.00	\$0.00	\$166.00
Type Funds	Type PO	Type PO Maint	Type PO Other	EOR
	Under 2500			
<b>Somards Job Order</b>	7ZZ6ZZ			
<b>Budget Remarks:</b>				
<b>Item Description:</b>	Rim Bluetooth SCR (CAC Reader)			
<b>Suggested Source:</b>	Mary Smith, CDW Government, Inc., 54545454 Riverwoods Blvd, Kelloggs, IL 22222, (399) 777-8888, xxx.xxx@			
<b>Alternate 2 Acquisition Source:</b>				
<b>Alternate 3 Acquisition Source:</b>				
<b>Alternate 4 Acquisition Source:</b>				

Product	Tech Review	Tech Review Supv	In Baseline	STACMB
Blackberry – S/MIME CAC License	Approved**	Approved**	Yes**	
Quantity	Unit Cost	Maintenance Cost	Other Cost	Total Cost
1	\$157.00	\$0.00	\$0.00	\$157.00
Type Funds	Type PO	Type PO Maint	Type PO Other	EOR
	Under 2500			
<b>Somards Job Order</b>	7ZZ6ZZ			
<b>Budget Remarks:</b>				
<b>Item Description:</b>	Blackberry S/MIME CAC License			
<b>Suggested Source:</b>	Mary Smith, CDW Government, Inc., 54545454 Riverwoods Blvd, Kelloggs, IL 22222, (399) 777-8888, xxx.xxx@			
<b>Alternate 2 Acquisition Source:</b>				
<b>Alternate 3 Acquisition Source:</b>				
<b>Alternate 4 Acquisition Source:</b>				

**Total CAPR Cost:** \$572.99\*\*  
**CAPR Status:** Completed\*\*  
**Last Updated By:** John Doe 2/25/07\*\*  
**Rqmt Approving Official:** Jane Doe 2/20/07\*\*  
**Rqmt Approving Official Remarks:**

**APPENDIX J (Continued)**

**Capability Request - CAPR**

**AAP Coordinator:**

John Doe\*\*

2/20/07\*\*

**AAP Coordinator Remarks:**

This equipment is vital to Ms. Jane Doe's mission.\*\*

**IM Final Approver (DCSIM):**

Mary Doe\*\*

2/20/07\*\*

**DCSIM Remarks:**

**CAPR Desk POC:**

Mary Smith\*\*

2/25/07\*\*

**Action:**

**CAPR Desk Remarks:**

**SAMPLE**

# APPENDIX K

## Instructions For Preparing a Mission Needs Statement (MNS)

**Do Not** prepare the RIA Form 735-21 until **approved** MNS has been received. Failure to obtain proper signatures, or attach appropriate documents, will result in the return of the package; thus, delaying the process.

Standard format for preparing MNS is **NO LONGER AVAILABLE** in Public Folders; therefore, form requirements are:

1. **MNS Number** -- will be completed by IMNE-RIA-IMA

2. **Service Requirement Date** -- the date when needed

3. **Requestors Information:**

Name
Phone
Office Symbol
E-Mail Address

4. **Requirement Analysis** (must include a thorough justification to include how the requesting items meet mission requirements versus the current method)

- a. Current Method
- b. Alternatives
- c. Mission Requirements

5. **Requested equipment, software, and/or services:**

<u>ITEM DESCRIPTION</u>	<u>QTY</u>	<u>UNIT COST</u> PURCHASE	<u>TOTAL</u> COST TO PURCHASE	<u>ANNUAL</u> MAINT COST
		\$	\$	\$
<b>TOTAL ESTIMATED COSTS:</b>		\$		

6. **Suggested Acquisition Source** --

- a. Name of Source, phone number, email, fax number, and POC from company you talked to, if possible
- b. Attach all price quote(s) to the MNS

7. **Discipline Unique Information** -- If there is something unique about this request/acquisition source, please use this space for that information; otherwise, leave blank.

8. **Requisition Priority** -- 13 = routine, 06 = mission essential; 03 = work stoppage

9. **Fund Cite** -- self explanatory (for RIA customers include the fund cite and cost center for purchasing)

- |                           |                          |
|---------------------------|--------------------------|
| a. Appropriation          | e. AMS Code              |
| b. Allotment              | f. Job Order/Expenditure |
| c. Station                | g. Job Order             |
| d. Element(s) of Resource | h. Project Identifier    |

**Obligation Expiration Date:** 30 Sep 2009



## APPENDIX K (Continued)

### Instructions For Preparing a Mission Needs Statement (MNS)

#### 10. Funding POC

Name  
Office Symbol  
Phone  
E-Mail  
Date

#### 11. Requesting Signature/Concurrence (Part B is for- IMA only)

Name -- Director's or delegate's electronic signature  
Office Symbol  
Phone  
E-Mail  
Date  
IM Coordinator Concurrence Only

#### 12. Resource Management Signature/Concurrence (IMA)

Name  
Office Symbol  
Phone  
E-Mail  
Date

**MNS will only be accepted through E-Mail. Submit MNS through appropriate organizations Information Management Area (IMA).**

**NOTE:** All activities must get financial approval/certification from their appropriate funding channel, prior to submitting RIA Form 735-2I , For Issue Only. Once approval has been received, submit funding documents, along with RIA Form 735-2I, to IMNE-RIA-LGS.

## APPENDIX K (Continued)

### Sample of Mission Needs Statement (MNS)

#### PART I - IDENTIFICATION AND JUSTIFICATION

1. **MNS NUMBER:** Leave Blank (Assigned by –IMA)

2. **SERVICE REQUIREMENT DATE:** 30 December 2011

3. **REQUESTERS INFORMATION:**

<b>NAME:</b>	Jane Doe
<b>PHONE:</b>	2-xxxx
<b>OFFICE SYMBOL:</b>	AMSTA-RIA-XX
<b>E-MAIL ADDRESS:</b>	xxx.xxx@
<b>PHYSICAL LOCATION OF REQUIREMENT:</b>	Bldg 100, 3 <sup>rd</sup> Floor, NW Corner, Section X

4. **REQUIREMENTS ANALYSIS:**

- a. **CURRENT METHOD:** Hand Count Each Item, Often in Hectic Situations
- b. **ALTERNATIVES:** Hire More Employees to Count
- c. **MISSION REQUIREMENT:** Greater Accuracy in Material Counts

5. **REQUESTED EQUIPMENT, SOFTWARE, AND/OR SERVICES:**

<u>ITEM DESCRIPTION</u>	<u>QTY</u>	<u>UNIT COST PURCHASE</u>	<u>TOTAL COST TO PURCHASE</u>	<u>ANNUAL MAINT COST</u>
Electric Material Counter	3	\$ 3,000.00	\$ 9,000.00	\$2,000.00
TOTAL ESTIMATED COSTS:		\$15,000.00		

6. **SUGGESTED ACQUISITION SOURCE:** a. National Robotics, Inc  
b. Robotics National, Inc

7. **DISCIPLINE UNIQUE INFORMATION:** N/A

8. **REQUISITION PRIORITY:** 00

## APPENDIX K (Continued)

### Sample of Mission Needs Statement (MNS)

#### 9. FUND CITE:

- |                           |                           |
|---------------------------|---------------------------|
| a. APPROPRIATION:         | e. AMS CODE:              |
| b. ALLOTMENT              | f. JOB ORDER/EXPENDITURE: |
| c. STATION:               | g. JOB ORDER: 6RSTUV      |
| d. ELEMENT(S) OF RESOURCE | h. PROJECT IDENTIFIER:    |

OBLIGATION EXPIRATION DATE: 30 Sep 2009

#### 10. FUNDING POC:

NAME: Mr. John Doe  
OFFICE SYMBOL: AMSTA-RIA-XX  
PHONE: 2-xxxx  
E-MAIL: xxx.xxx@  
DATE: 30 December 2009

#### 11. REQUESTING SIGNATURE/CONCURRENCE: (PART B IS FOR -IM ONLY)

NAME: Director or Delegate's Electronic Signature  
OFFICE SYMBOL: AMSTA-RIA-XX  
PHONE: 2-xxxx  
E-MAIL: xxx.xxx@  
DATE: 31 December 2009

IM Coordinator Concurrence Only

#### 12. RESOURCE MANAGEMENT SIGNATURE/CONCURRENCE

NAME: Resource Management Representative  
OFFICE SYMBOL: IMNE-RIA-RM  
PHONE: 2-xxxx  
E-MAIL: xxx.xxx@  
DATE: 30 December 2009

# APPENDIX L

## Instructions for Preparation of RIA Form 735-2T, Request For Turn-In Only Expendable, Nonexpendable, Found-On-Installation, Controlled Cryptographic Item (CCI) or Computer Material

**NOTE 1:** In order to easily identify items you are turning in, please ensure:  
“Exact” location of material is given in Block 10

**NOTE 2:** See additional instructions for turn-in of CCI Equipment on page A-27.

**NOTE 3:** See additional instructions for turn-in of Computer Equipment on page A-28. Customers from JMC/ASC should notify their appropriate channels prior to turn-in of any type of computer equipment.


<u>CONTRACTOR</u>	<u>INTERNAL USE ONLY</u>	<u>IMNE-RIA-LGS</u>
DATE RECEIVED _____	CTRL NO _____	DATE RECEIVED _____
RECEIVED BY _____	LIN _____	RECEIVED BY _____
	FSC _____	POSTED BY & DATE _____

OFFICE SYMBOL: **Office Requesting Material**

MEMORANDUM FOR: **IMNE-RIA-LGS**

SUBJECT: **Request for Turn In**

DATE: Date Submitted  
(mm/dd/yyyy)

1. Stock No: **Enter Stock Number as stated on hand receipt**
2. Unit of Issue: **Enter unit of issue as stated on hand receipt**
3. PBO Document No: **Leave Blank**
4. Quantity Requested: **Enter quantity turned-in.**  **If material has same stock number, condition code, nomenclature, etc they may all be turned in on one RIA Form 735-2T, Turn-In Only.**
5. Unit Cost: **Enter the cost of equipment being turned in**
- 5a. Total Cost: **Enter the total cost of equipment being turned in.**
6. Mfg: **Enter name of manufacturer**
- 6a. Model/PN: **Enter Model Number or Part Number**
7. Description: **Enter complete item description of equipment being turned in, to include serial and barcode number**

## APPENDIX L (Continued)

### Instructions for Preparation of RIA Form 735-2T, Request For Turn-In Only Expendable, Nonexpendable, Found-On-Installation, Controlled Cryptographic Item (CCI) or Computer Material

8. Place an “X” in the appropriate block; **SIFS, SOMARDS, or Accounting Classification.**

**SIFS:**

**SOMARDS:** HQ, JMC, ASC and Garrison-RI customers. Annotate “6RMURN” as the job order number and “61” as the fund code.

**Accounting Classification:** All other tenant customers. Annotate appropriate job order assigned by the organization’s financial office.

9. Condition Code: **CHOICES: Serviceable or Unserviceable**

10. Location: **Enter office symbol, building, floor, wing, etc., where equipment is located for pick-up (See Note 1: (1), above)**

11. Point of Contact and Extension for this Request: **Enter the point of contact and telephone extension of personnel knowledgeable of request for turn-in.**

12. Check Box to verify certification is affixed to the applicable item: Ensure the appropriate certification is attached to the item for turn-in and check the box that applies.

- For items such as refrigerators or RIA machines, ensure the item has been properly cleaned.
- For ADP Equipment \* (computers, monitors, printers, blackberries, notebooks, batteries, etc), ensure that items with memory capabilities or hard drives have been cleared through the DOIM and the Hard Drive certificate is attached. (See page A-28) for specific instructions and example of Hard Drive Certificates that must accompany paperwork and item for all ADP Equipment.
- For phones (digital or cell), ensure the batteries are removed.
- For school donations the hard drive uses the above ADP Equipment instructions; however, the hard drives will not be removed. Ensure the mouse, all cables and cards, etc, are placed with the computer.

\* **NOTE:** A copy of the certificates must be securely attached to the item, and made notably visible.  
A copy/original must also accompany the turn-in request.

13. UIC No / TDA Paragraph No / Hand Receipt Holder No: **Enter applicable information pertaining to your organization.**

14. Justification: **Justification is required for mobile equipment and controlled items; otherwise, this block is optional for customers with turn-ins.**

## APPENDIX L (Continued)

### Instructions for Turn-In of Controlled Cryptographic Item (CCI)

Requests for Turn-In of CCI equipment will be submitted to IMNE-RIA-LGS on a RIA Form 735-2T, Request for Turn-In.

Ensure the form is clearly annotated and highlighted with: **“CCI”**.

**NOTE 1:** Any type of transaction (shipment, transfer, etc) of CCI equipment must be submitted through IMNE-RIA-LGS.

**NOTE 2:** Ensure CCI equipment is secured at all times, even when preparing items for turn-in, transfer, shipment, etc.

**NOTE 3:** Hand receipt holder is responsible for ensuring any communications security (COMSEC) keying material which has been loaded into CCI equipment, under their control, has been properly zeroized/cleared prior to turn-in.

**NOTE 4:** Hand receipt holder is responsible for annotating **“CCI has been zeroized/cleared”** on the RIA Form 735-2T.

## APPENDIX L (Continued)

### Special Instructions for Preparing Computer Equipment (CPU, Laptop, Notebook, Blackberry, Palm Pilot, Docking Station, Organizer, etc) For Turn-in

1. When turning in a CPU with a hard drive, ensure the hard drives have been degaussed or overwritten IAW the DOD Memo "Disposition of Unclassified Computer Hard Drives," June 4, 2001.
2. Ensure **hard drives and batteries** are degaussed, overwritten or removed from all forms of computer equipment, i.e., notebooks, desktops, laptops, and docking stations.
3. The following computer medias and cards must be removed:  

Secure Data Cards	Compact Flash Cards	CD-ROM Media	Smart Card Media	Multi-media Cards
Memory Sticks	Micro-drives	PCMCIA Cards	Back-Up Tapes	Floppy Diskettes
Zip Media				
4. Ensure memory sticks are removed from other forms of computer equipment, i.e., handheld computer (example: palm pilot, organizer, Blackberry, etc.).
5. Internal drives, i.e., graphic, sound, networks, or controller cards, may stay in the CPU.
6. Once equipment has been sanitized, etc, please ensure person/persons, who actually sanitized the equipment, complete (in duplicate) the Certification document (samples below) to accompany all computer equipment. Disposition of the two copies will be:

One copy gets attached to the RIA Form 735-2T, Request for **Turn-In**, and sent to IMNE-RIA-LGS

**One copy gets securely attached to the item identified on RIA Form 735-2T. Make sure the certification form is clearly visible; i.e., if hard drive is removed and sanitized, do not attach form to hard drive if it is going back into the CPU.**

#### CERTIFICATION OF HARD DRIVE/BATTERY DISPOSITION

This certifies this hard drive, Serial # \_\_\_\_\_

Make and Model \_\_\_\_\_

Was \_\_\_\_\_ in accordance with DOD Memorandum "Disposition of Unclassified DOD Computer Hard Drive" on \_\_\_\_\_

Must give the following information (name of manufacture, product version, issue date of software or degausser used).

METHOD OF DESTRUCTION: \_\_\_\_\_

Printed Name and Rank/Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### CERTIFICATION OF HARD DRIVE/BATTERY DISPOSITION

This certifies this hard drive, Serial # \_\_\_\_\_

Make and Model \_\_\_\_\_

Was \_\_\_\_\_ in accordance with DOD Memorandum "Disposition of Unclassified DOD Computer Hard Drive" on \_\_\_\_\_

Must give the following information (name of manufacture, product version, issue date of software or degausser used).

METHOD OF DESTRUCTION: \_\_\_\_\_

Printed Name and Rank/Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPENDIX L (Continued)

## Sample of RIA FORM 735-2T, Request For Turn-In Only, Expendable, Nonexpendable, Found-On-Installation, or Controlled Cryptographic Item (CCI) Material

<u>CONTRACTOR</u>		<u>INTERNAL USE ONLY</u>		<u>IMNE-RIA-LGS</u>	
DATE RECEIVED _____	CTRL NO _____	DATE RECEIVED _____			
RECEIVED BY _____	LIN _____	RECEIVED BY _____			
	FSC _____	POSTED BY & DATE _____			

(OFFICE SYMBOL): **AMSTA-RI-XX**

MEMORANDUM FOR **IMNE-RIA-LGS**

SUBJECT: **Request for Turn In** DATE: **2 February 2011**

(The following entries are to be completed for expendable and nonexpendable items)

1. Stock No: **1234-56-789-0987** 2. Unit of Issue: **EA**

3. PBO Document No: **Leave Blank** 4. Quantity: **1**

5. Unit Cost: **\$25.00** 5a. Total Cost: \_\_\_\_\_

6. MFG: **Supertak, Inc** 6a. MODEL/PN: **If Known**

7. Description: **SUPERTAK Automatic Tape Dispenser, SN ABC123, BC A5B6C7, 2006**

8. SIFS: \_\_\_\_\_ **X** Job Order: **G00TTT** Fund Code: **VS**  
SOMARDS: \_\_\_\_\_ Job Order: \_\_\_\_\_ Fund Code: \_\_\_\_\_  
Accounting Class: \_\_\_\_\_ Fund Code: **RM**

9. Condition Code: **Serviceable** 10. Location: **Bldg 222, 2<sup>nd</sup> Floor, Room 222, Column 22B2**

11. Point of Contact and Phone Extension for this Request: **Mary Smith, AMSTA-RI-XX, 2-xxxx,**

12. Check Box to verify certification is affixed to the applicable item:

ADP  PHONE (digital/cell)  N/A  SCHOOL DONATION

13. UIC No: **W01AB2** Hand Receipt No: **2233**

14. Justification: **CERTIFICATION OF HARD DRIVE/BATTERY DISPOSITION IS ATTACHED** (If applicable)

**SCHOOL DONATION PROGRAM: HARD DRIVE HAS BEEN DEGAUSSED AND REMAINS INSIDE CPU.**



# APPENDIX M

## Instructions for Preparation of DA Form 3161, Request For Issue or Turn-In

- NOTE 1:** Enter "X" for Issue  
**NOTE 2:** Number sheets consecutively  
**NOTE 3:** Enter total number of sheets included in this request  
**NOTE 4:** All entries, except signatures, will be made in ink or typewritten.

### Block

### Information

- ( 1) Enter the name and address of the supply support activity
- ( 2) Enter the name of the unit or organization making the request
- ( 3) Enter the document number assigned to the request from the document register.  
The document number is the DODAAC + julian date + serial number
- ( 4) Enter project code if assigned; otherwise, leave blank
- ( 5) Enter the required date of material requested, or leave blank.
- ( 6) Leave Blank
- ( 7) Enter the priority designator
- ( 8) Enter cost detail accounting information, as required
- ( 9) Leave Blank
- (10) Enter the authorizing publication
- (11) Leave Blank
- (12a) Enter the item number, in sequence, for each item requested.
- (12b) Enter the stock number for each item requested.
- (12c) Enter one or two words that describe each item requested. Enter the words "Last Item" after last entry.
- (12d) Enter the unit of issue of each item requested.
- (12e) Enter the quantity of each item requested.
- (12f) Enter the proper issue code from the form
- (12g) Leave Blank. Person signing for receipt of the items will complete the entry in ink.
- (13) The requesting individual will print name, date and sign this block. Include rank.
- (14) Leave Blank
- (15) When items are issued, the person signing for the items will print name, date and sign this block. Include rank.

# APPENDIX M (Continued)

REQUEST FOR ISSUE OR TURN-IN <small>(DA PAM 710-2-1)</small>		X	ISSUE TURN-IN	SHEET NO.	NO. SHEETS	3. REQUEST NO. <b>W91QQQ10060001</b>		4. VOUCHER NO.			
1. SEND TO: <b>240TH S&amp;S Co Camp Humphreys, CA</b>		5. DATE MATERIAL REQUIRED		1	1	7. PRIORITY <b>03</b>		8. ACCOUNTING/FUNDING DATA			
2. REQUEST FROM: <b>Btry A 1/40 ADA</b>		9. END ITEM IDENT				9a. NAME/MANUFACTURER		9b. MODEL			
9c. SERIAL NO.		10. PUBLICATION <b>CTA 50-970</b>				11. JOB ORDER NO					
*CODE	ISSUE	TURN-IN	ITEM DESCRIPTION	UNIT OF ISSUE	QUANTITY	CODE*	SUPPLY ACTION	UNIT PRICE	TOTAL COST	J. POSTED DATE (yyyymmdd)	BY
	I = Initial	FWT = Fair Wear and Tear	c	d	e	f	g	h	i		
	R = Requirement	RS = Report of Survey									
	EX = Exam	LT = Lateral Transfer									
	SC = Shift of Charges										
1.	1111-22-333-4444		Basket, Waste	EA	5	R					
2.	5555-66-777-8888		Binder	EA	3	R					
3.	9999-00-111-2222		Handle, Wood	EA	2	R					
4.	3333-44-555-6789		Marker	DZ	1	R					
5.	7777-88-9999-0000		Pencil	DZ	2	R					
6.	1234-56-789-0123		Refill	DZ	2	R					
7.	4567-89-000-1111		Pen	DZ	2	R					
8.	2345-67-890-1234		Tape	RO	3	R					
9.	8888-99-000-1242		Towel, Paper	BX	2	R					
			-----LAST ITEM-----								
						SHEET TOTAL		GRAND TOTAL			

# APPENDIX M (Continued)

<b>REQUEST FOR ISSUE OR TURN-IN</b> (CONTINUATION SHEET)		ISSUE		SHEET NO.		6. DODAAC		3. REQUEST NO.		4. VOUCHER NO.	
		TURN-IN		NO.		NO. SHEETS		SUPPLY ACTION		J POSTED	
12. ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT OF ISSUE	QUANTITY	CODE*	SUPPLY ACTION	UNIT PRICE	TOTAL COST	DATE	BY	
a	b	c	d	e	f	g	h	i	(yyyymmdd)		
										SHEET TOTAL	

## APPENDIX N

### Instructions for Preparation of DA Form 3161, Request for Issue or Turn-In

- NOTE 1:** Enter "X" for Turn-In  
**NOTE 2:** Number sheets consecutively  
**NOTE 3:** Enter total number of sheets included in this request  
**NOTE 4:** All entries, except signatures, will be made in ink or typewritten.

#### Block

#### Information

- (1) Enter the name, UIC, and hand or sub-hand receipt number (if applicable) of the organization receiving the item
- (2) Enter the name, UIC, and hand or sub-hand receipt number (if applicable) of the organization turning the item in
- (3) Enter "Change Document"
- (4-11) Leave Blank
- (12a) Enter the item number, in sequence, for each item turned in.
- (12b) Enter the stock number for each item turned in.
- (12c) Enter description with any applicable information, such as serial number, model number, etc. of item turned in Enter the words "**Last Item**" after last entry.
- (12d) Enter the unit of issue of each item turned in.
- (12e) Enter the quantity of each item turned in.
- (12f) Enter the proper turn in code (as shown on form)
- (12g) Leave blank. Person signing for receipt of the items will complete the entry in ink.
- (13) The individual turning in the item will print name, date and sign this block. Include rank, if applicable.
- (14) Leave Blank
- (15) The individual receiving the item will print name, date and sign this block. Include rank, if applicable.

# APPENDIX N (Continued)

REQUEST FOR ISSUE OR TURN-IN <small>(DA PAM 710-2-1)</small>				ISSUE NO. SHEET NO. NO. SHEETS		3. REQUEST NO. <b>Change Document</b>		4. VOUCHER NO.																	
1. SEND TO: <b>1-651 FA Bn WHA2HA</b>				X	1	1	6. DODAAC	7. PRIORITY	8. ACCOUNTING/FUNDING DATA																
2. REQUEST FROM: <b>C Btry, WA2HC0, H/R File 3</b>				5. DATE MATERIAL REQUIRED		9a. NAME/MANUFACTURER		9b. MODEL	9c. SERIAL NO.																
*CODE ISSUE TURN-IN				9. END ITEM IDENT		10. PUBLICATION		11. JOB ORDER NO.																	
I = Initial		FWT = Fair Wear and Tear		EX = Exam		LT = Lateral Transfer																			
R = Requirement		RS = Report of Survey		SC = Stmt of Charges																					
12. ITEM NO.	a	STOCK NO.	b	ITEM DESCRIPTION	c	UNIT OF ISSUE	d	QUANTITY	e	CODE*	f	SUPPLY ACTION	g	UNIT PRICE	h	TOTAL COST	i	J. POSTED DATE	BY						
1.		1111-22-333-4444		Trk, Util 1/2 T. USA NO 614130 Ser # 2577226 CIIC U		EA		1		FWT															
				***** LAST ITEM *****																					
														SHEET TOTAL				GRAND TOTAL							
13. ISSUE/TURN-IN "QUANTITY" COLUMN IS REQUESTED				DATE		20090212		BY		JOHN E. DOE		14. ISSUE QTY IN "SUPPLY ACTION" COLUMN		DATE		(YYYYMMDD)		15. REC QTY IN "SUPPLY ACTION" COLUMN		DATE		(YYYYMMDD)		BY	

## APPENDIX O

### Instructions for Preparation of DA Form 3161, Request for Issue or Turn-In Lateral Transfer

- NOTE 1:** Leave "Issue" and "Turn-In" blank  
**NOTE 2:** Number sheets consecutively  
**NOTE 3:** Enter total number of sheets included in this request  
**NOTE 4:** All entries, except signatures, will be made in ink or typewritten.

#### Block

#### Information

- (1) Enter the name and UIC of the gaining organization
- (2) Enter the name and UIC of the losing organization
- (3) Losing organization will enter the document number assigned to the lateral transfer. Document number is the DODAAC, julian date, and serial number
- (4) Leave Blank for gaining organization to enter their document number
- (5) Enter "lateral transfer"
- (6-11) Leave Blank
- (12a) Enter the item number, in sequence, for each item being transferred
- (12b) Enter the stock number and line item number (LIN) for each item transferred
- (12c) Enter enough words to identify each item being transferred. Include item serial numbers, if applicable. Also provide reportable item control code (RICC) for those items reportable under CBS-X
- (12d) Enter the unit of issue of each item being transferred
- (12e) Enter the quantity of each item being transferred
- (12f) Leave Blank
- (12g) Leave Blank. Gaining organization will enter quantity received
- (12h-12j) Leave Blank
- (13) The PBO of the losing organization will print name, date and sign, this block. Include rank, if applicable.
- (14) Leave Blank.
- (15) The PBO of the gaining organization will print name, date and sign, this block. Include rank, if applicable.

**NOTE:** *After the last item, enter a brief reason for the lateral transfer. Enter "Lateral Transfer Approved By" and the signature block of the approving authority (if known). Except USAR, a copy of the letter from the MUSACR/ MSC directing the transfer will be attached on the DA Form 3161 by both gaining and losing PBOs.*

# APPENDIX O (Continued)

REQUEST FOR ISSUE OR TURN-IN <small>(DA PAM 710-2-1)</small>		ISSUE NO.	SHEET NO.	NO. SHEETS	3. REQUEST NO. <b>W55YRU</b>		4. VOUCHER NO.				
		TURN-IN	<b>1</b>	<b>1</b>							
1. SEND TO: <b>2/651 Arty HA2HAA</b>		5. DATE MATERIAL REQUIRED <b>Lateral Transfer</b>			6. DODAAC		7. PRIORITY		8. ACCOUNTING/FUNDING DATA		
2. REQUEST FROM: <b>1/651 Arty HA2HAA</b>		9. END ITEM IDENT			9a. NAME/MANUFACTURER		9b. MODEL		9c. SERIAL NO.		
*CODE /ISSUE /TURIN <i>I = Initial FWT = Fair Wear and Tear EX = Exam R = Requirement RS = Report of Survey SC = Stmt of Charges</i>		10. PUBLICATION			10. PUBLICATION		11. JOB ORDER NO.				
12. ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT OF ISSUE	QUANTITY	CODE*	SUPPLY ACTION	UNIT PRICE	TOTAL COST	J. POSTED DATE (yyyymmdd)	BY	
1.	1111-22-333-4444	Truck, Cargo, 2 1/2 ton M35A2 USA No 6F4118 Serial No = 2276226 RICC2	EA	1	FWT						
JUSTIFICATION: Lateral transfer required to reduce excess in 1/651 Artillery and fill shortage in 2/651 Artillery											
Lateral Transfer approved by:											
MARY E. SMITH COL, LC Commanding											
SHEET TOTAL											
GRAND TOTAL											
13. ISSUE/TURN-IN "QUANTITY" COLUMN IS REQUESTED 0		DATE <b>20110212</b>		BY <b>JOHN E. DOE</b>		14. ISSUE QTY IN "SUPPLY ACTION" COLUMN		DATE (YYYYMMDD)		BY	

# APPENDIX P

## Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority Ammunition

**NOTE 1:** Upon any element of data becoming outdated on this card, the entire card is no longer valid and will be replaced with a new card. All printed entries, as well as all signatures must be done neatly, using only ink.

**NOTE 2:** The Notice of Delegation of Authority – Receipt for Supplies, DA Form 1687 (for ammunition) must be reviewed quarterly to ensure accuracy.

### **Block**

### **Information**

- ( 1) Enter date of submission (ex: 31 Jan 07). When more than 1 card is submitted on the **same date**, # the cards in the date block (i.e., 31 Jan 07 (02), 31 Jan 07 (03))
- ( 2) Clearly enter organization title
- ( 3) Enter detailed location/delivery instructions.
- ( 4) Type only the name of the individual(s) authorized by the hand receipt holder. Enter “**not used**” on any remaining lines, if necessary.
- ( 5) Enter telephone number of authorized representative. **Do Not** enter SSN.
- ( 6) **REQ** -- Enter YES for each individual authorized to request ammunition; otherwise, enter NO.  
**REC** – Enter YES for each individual authorized to receive ammunition; otherwise, enter NO.
- ( 7) Signature and initials of authorized representatives.
- ( 8) Place “**X**” in “Delegates To” box. Leave “Withdraws From” box blank.
- ( 9) Enter the following statement: “**Authorized representatives listed above have passed security required by AR 190-11**”.
- (10) Enter Unit Identification Codes (UIC) and office symbol.
- (11) Enter delivery point code assigned to your organization.
- (12) Enter last name, first name, and middle initial of the hand receipt holder.
- (13) Enter grade/rank of hand receipt holder.
- (14) Enter telephone extension of hand receipt holder.
- (15) Enter expiration date; one year from date of submission.
- (16) Signature of hand receipt holder.



# APPENDIX P (Continued)

## Sample of DA Form 1687, Notice of Delegation of Authority – Receipt for Supplies Ammunition

<b>NOTICE OF DELEGATION OF AUTHORITY – RECEIPT FOR SUPPLIES</b> <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG</i>					(1) DATE <b>7 Jan 2011 (01)</b>	
<b>AUTHORIZED REPRESENTATIVE(S)</b>						
(2) ORGANIZATION RECEIVING SUPPLIES <b>AMSTA-RIA-XX, W0K8AA</b>				(3) LOCATION <b>Bldg 100, 4<sup>th</sup> Floor, Middle Bay, NE Corner</b>		
(4) LAST NAME–FIRST NAME–MIDDLE INITIAL		(5) SOCIAL SECURITY NUMBER		(6) AUTHORITY		(7) SIGNATURE AND INITIALS
				REQ	REC	
<b>DOE, John E.</b>		<b>2-xxxx</b>		YES	YES	<i>John E. Doe</i> <i>jed</i>
<b>SMITH, Tom E.</b>		<b>2-xxxx</b>		YES	NO	<i>Tom E. Smith</i> <i>tes</i>
<b>NOT USED</b>						
<b>NOT USED</b>						
<b>AUTHORIZATION BY RESPONSIBLE OR ACCOUNTABLE OFFICER</b>						
(8) THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE.						
THE AUTHORITY TO:						
(9) REMARKS <b>Authorized representatives listed above have passed security required by AR 190-11</b>						
I ASSUME FULL RESPONSIBILITY						
(10) UNIT IDENTIFICATION CODE <b>W0K8AA</b>			<b>AMSTA-RIA-XX</b>		(11) DODAAC/ACCOUNT NUMBER <b>W52XXX</b> <b>CC: B1000</b>	
(12) LAST NAME-FIRST NAME-MIDDLE INITIAL <b>WOLFE, James D.</b>		(13) GRADE <b>GS-13</b>	(14) TELEPHONE NUMBER <b>2-xxxx</b>	(15) EXPIRATION DATE <b>31 Jan 2011</b>	(16) SIGNATURE <i>James D. Wolfe</i>	

# APPENDIX Q

## Instructions for Preparation of DA Form 581, Request for Issue and Turn-In Ammunition

<u>Block</u>	<u>Information</u>
( 1)	Check the issue block
( 2)	Leave Blank
( 3)	Document Number: Work Center, Year, Julian Date, and Number of Requests for the Day <b>(XXXXXX-XXXX-0001)</b>
( 4)	Leave Blank
( 5)	Number sheets consecutively and enter total number of sheets included in request.
( 6)	Leave Blank – N/A
( 7)	Enter IMNE-RIA-LGS
( 8)	Enter office symbol and <b><u>hand receipt number</u></b> .
( 9)	Enter required date
(10)	Enter priority designator
(11)	Leave Blank
(12)	Leave Blank
(13)	(13a). Enter name of authorized requestor (13b). Enter julian date requested (13c). Enter signature of authorized requestor
(14)	(14a). Leave Blank (14b). Leave Blank (14c). Leave Blank
(15)	Enter item number
(16)	Leave Blank, if unknown
(17)	Enter National Stock Number
(18)	Complete item description of ammunition being requested. Enter the words <b><u>“Last Item”</u></b> after the last entry.

## APPENDIX Q (Continued)

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority Ammunition

#### Block

#### Information

- (19) Enter unit of issue such as: EA, LB, etc.
- (20) Enter quantity requested (cross through "Turned In")
- (21) Enter a Training Event Code (TEC) listed below (*optional*):

a. Training Event Codes – **Institutional Training**. Use these codes for training conducted as part of the course of instruction at a training center, a service school, the United States Military Academy (USMA), or as part of the Reserve Officer Training Corps (ROTC) program.

#### Code

#### Explanation

ABP	Airborne / Path Finder
AQI	Aircraft Qualification AH-1
AQ6	Aircraft Qualification AH-64
AQI	Aircraft Qualification Instructor Pilot
AQM	Aircraft Qualification MOI Instructor
AQS	Aircraft Qualification Scout
AT	Advanced Individual Training
BN	Basic Non-Commissioned Officer Course
BT	Basic Combat Training/Basic Training
CO	Cohort Training
DS	Drill Sergeant Training
FBI	FBI Training
IMP	Infantry Mortar Platoon Leader
IRP	Individual Ready Reserve Pre-Mobilization
ITV	Interim TOW Vehicle
JR	Junior ROTC Program
MA	US Military Academy Training
MG	Master Gunnery Training
MGT	Master Gunner Transition
NC	NCO Advanced Course
NO	NCO Academy
QA	Officer Advanced Course
OB	Officer Basic Course
OC	Officer Candidate School
OS	One Station Unit Training
PCC	Pre Command Course
PLC	Primary Leadership Development Course
PP	Permanent Party Training
RCP	Infantry Reserve Component Professional Refresher

## APPENDIX Q (Continued)

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority Ammunition

<u>Code</u>	<u>Explanation</u>
RCS	USAR School
RGL	Ranger, Light Leader, Long Range Recon
SC	Senior ROTC Summer Program Training
SR	Other Senior ROTC Training
TCC	Tank Commanders Certification Course

b. Training Events Codes – **Unit Training**. Use these codes for collective or individual training conducted by a unit to prepare personnel to accomplish the unit's TOE/TD mission.

<u>Code</u>	<u>Explanation</u>
R1	TRC-Training Under an Approved AMTP
R2	TRC-B Training Under an Approved AMTP
R3	TRC-C Training Under an Approved AMTP
R4	TRC-D Training for USAR Training Division
E1	TRC-A External AMTP Evaluation
E2	TRC-B External AMTP Evaluation
E3	TRC-C External AMTP Evaluation

c. Training Events Codes – **Field Training Exercise (FTX)**. Use these codes for field exercises conducted by the unit, which are not within the context of ATP, ORT, or ARTEP, and are conducted, above battalion or squadron level.

<u>Code</u>	<u>Explanation</u>
JFX	Joint Or Combined FTX
CFX	Corps FTX
DFX	Division FTX
BFX	Brigade FTX
JTX	Command Field Exercise
BNX	Battalion FTX
COX	Company FTX
LFX	Live Fire Exercise
FTX	Field Training Exercise
FCX	Fire Coordination Exercise
DPX	Deployment Exercise
CTX	Combined Training Exercise
CAL	Combined Arms Live Fire Exercise (CALFLEX)
GST	Gunnery Simulation Training
GQT	Gunnery Qualification Training

## APPENDIX Q (Continued)

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority Ammunition

d. Training Event Code – **Competitive Marksmanship**. Use this code for training and participation in competitive marksmanship activities under AR 350-6.

<u>Code</u>	<u>Explanation</u>
CMK	Competitive Marksmanship

e. Training Event Code Suffixes. Use the following **suffixes** with two-character-training event codes whenever their use would more fully describe the scheduled or completed training event.

<u>Code</u>	<u>Explanation</u>
S	Engagement Simulation Training, including Multiples Integrated Laser Engagement system.
Q	Qualification and/or familiarization with weapons and weapons systems (less tank gunnery and aerial gunnery training) as prescribed in AR 350-4.
T	Tank Gunnery Training. Includes annual qualification, preparatory training for annual qualification, and “off-season” gunnery, if applicable.
A	Aerial Gunnery Training. Includes qualification, preparatory training for qualification, and sustaining gunnery training conducted between formal qualification firings.

<u>Block</u>	<u>Information</u>
(22)	Action Code. Enter one of the following codes ( <i>optional</i> ):  NIS- Issue for Training or Combat TAR- Training Assets Return TIR- Turn-In Residue IBL- Initial Issue Basic Load BLR- Basic Load Receipts RBL- Rotate Basic Load NTI- Normal Turn-In Combat

## APPENDIX Q (Continued)

### Instructions for Preparation of DA Form 1687, Notice of Delegation of Authority Ammunition

#### Block

#### Information

(23-27)

Leave Blank

(28)

**Remarks.** Enter Job Order, Fund Code, Distribution Code, and the following statements (as applicable):

- a. "Quantities requested are within training authorization" (Training Only)
- b. "The vehicle listed below passed the safety inspection". This is in reference to a completed DD Form 626, Motor Vehicle Inspection (Transporting Hazardous Material).
- c. "Expenditures are within authorized available supply rates" (Non-Training).
- d. "Required for immediate expenditure within authorized allowances" (Non-Training).
- e. "Required to replenish Basic Load" (Non-Training).
- f. "Training dates are \_\_\_ through \_\_\_" (Training Only).
- g. "To be used for overhead fire". (Training only and as required).

(29)

Leave Blank

(30-32)

Leave Blank.

**NOTE:** DA Form 581 is used to request **all** ammunition (training, basic load, and/or operational load).

# APPENDIX Q (Continued)

REQUEST FOR ISSUE AND TURN-IN OF AMMUNITION		1. Issue	X	3. Document No.	4. Local Use	5. Page	6. For Local Use					
		2. Turn-In		<b>XXXXXX-XXXX-0001</b>		<b>1</b> Of <b>1</b>						
7. Send To		8. Request From		9. Date Material Required (YYYYMMDD)		10. Priority						
IMNE-RIA-LGS AMSTA-RIA-XX HR # XXXX		2011 12 26		03		12. DODACC						
13a. Requested By		13b. Date		13c. Signature								
John Doe		7333										
14a. Approved By		14b. Date		14c. Signature								
15. Item	16. DQCIC	17. NSN	18. Nomenclature	19. UI	20. Qty Requested/ Turned In	21. TEC	22. Action Code	23. Qty Issued/ Received	24. Lo/Serial No.	25. CC	26. Posted By	27. Date (YYYYMMDD)
<b>1</b>		0000-11-222-3333	Cartridge, 5.56mm, M855 Ball, Linked	ea	1000							
<b>2</b>		4444-55-666-7777	Cartridge, 5.00mm, M999 Ball, Linked	ea	1000							
			<b>LAST ITEM</b>									
28. Remarks												
The above items drawn on document number XXXXXX-XXXX-0001 were not expended.												
All other items drawn on that document number were properly expended.												
Residue turn-in is under document number XXXXXX-XXXX-0004.												
29. Related Document Serial Nos.												
30a. ISSUED BY CONTROL NO		30c. DATE (YYYYMMDD)		31a. RECEIVED BY		31c. DATE (YYYYMMDD)		32. TAMIS				
30b. SIGNATURE				31b. SIGNATURE								

# APPENDIX Q (Continued)

<b>REQUEST FOR ISSUE AND TURN-IN OF AMMUNITION CONTINUATION SHEET</b> <small>For use of this form, see AR 710-2; the proponent-agency is DCSLOG</small>		1. Issue		3. Document No.			4. Local Use		5. Page		6. For Local Use	
		2. Turn-In					24.		25. Of			
15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.
Item	DOCIC	NSN	Nomenclature	UI	Qty Requested/ Turned In	TEC	Action Code	Qty Issued/ Received	Lot/Serial No.	CC	Posted By	Date (YYYYMMDD)



## APPENDIX R

### Instructions for Preparation of DA Form 4949, Administrative Adjustment Report (AAR)

- (1) **Organization / Activity:** Enter name of the unit or organization
- (2) **Document Number:** Enter appropriate DODAAC (6 digits), Year + Julian date, and Serial Number (determined by your organization)
- (3) **Item Number:** Consecutively number each entry
- (4) **Stock Number:** Stock Number of item being changed
- (5) **Item Description:** Detailed description of item being changed, including serial number, size, RICC, etc.
- (6) **ARC (Accounting Requirement Code):**
- |   |   |               |
|---|---|---------------|
| N | = | Nonexpendable |
| D | = | Durable       |
| X | = | Expendable    |
- (7) **Unit of Issue** Enter unit of issue changed from or to
- (8) **Qty** Enter quantity being changed from or to
- (9) **Changed From:** Data for the old NSN item
- (10) **Changed To:** Data for the new NSN
- (11) **Authority:** Enter Reasons for Change, i.e., "Item transferred from CTA 50-900 to CTA 50-970", "SB 700-20" (including the date of publication), "AR 710-2" (including date of publication), "AMDF and supply status card with a BG status code" (including the date), etc.
- (12) Check Block that applies to the appropriate reason for change. For Serial Number Change, use the Change Stock No, just line out the word "stock" and insert "Ser".
- (13-14) The Initiating Officer's Signature and Date
- (15-16) The PBO Signature and Date

# APPENDIX R (Continued)

## ADMINISTRATIVE ADJUSTMENT REPORT (AAR)

For use of this form, see DA PAM710-2-1, the proponent agency is DSCLOG

(1) ORGANIZATION / ACTIVITY		(2) DOCUMENT NUMBER					
1 / 651 Arty Bn		DODAAC W52HNK	DATE 2034	SERIAL 0020			
(3) ITEM NO	(4) STOCK NUMBER	(5) ITEM DESCRIPTION	(6) ARC	(7) UNIT OF ISSUE	(8) QTY		
(9) <b>C H A N G E D  F R O M</b>	1.	4230-00-123-3180	Decon Kit Skin M258		N	KT	779
(10) <b>C H A N G E D  O F</b>	Item changed from accountable to nonaccountable.						
<b>ABOVE SAMPLE ADJUSTS FROM ACCOUNTABLE TO NONACCOUNTABLE</b>							
(11) AUTHORITY <b>CTA 50-900 to CTA 50-970</b>		(12) <input type="checkbox"/> CHANGE STOCK NO <input type="checkbox"/> CHANGE UNIT OF ISSUE <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> CONSUMED <input type="checkbox"/> ADJUST ITEM <input checked="" type="checkbox"/> CHANGE ACCOUNTING <input type="checkbox"/> DISASSEMBLY					
(13) INITIATING OFFICER'S SIGNATURE <i>John E. Doe</i>		(14) DATE <b>8 Feb 11</b>	(15) PBO SIGNATURE <i>The PBO's Signature</i>		(16) DATE <b>11 Feb 11</b>		

# APPENDIX R (Continued)

## ADMINISTRATIVE ADJUSTMENT REPORT (AAR)

For use of this form, see DA PAM710-2-1, the proponent agency is DSCLOG

(1) ORGANIZATION / ACTIVITY		(2) DOCUMENT NUMBER			
1 / 651 Arty Bn		DODAAC	DATE	SERIAL	
		W52H NK	2034	0020	
(3) ITEM NO	(4) STOCK NUMBER	(5) ITEM DESCRIPTION	(6) ARC	(7) UNIT OF ISSUE	(8) QTY
(9) C H A N G E D  F R O M		Item changed from non-accountable to accountable.			
(10) C H A N G E D  T O	1.	7330-00-234-8831 P23203	Pot Cooking St 24 Qt	N	EA 2
<b>ABOVE SAMPLE ADJUSTS FROM NON-ACCOUNTABLE TO ACCOUNTABLE</b>					
(11) AUTHORITY		(12) <input type="checkbox"/> CHANGE STOCK NO <input type="checkbox"/> CHANGE UNIT OF ISSUE <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> CONSUMED			
CTA 50-970 to CTA 50-909		<input type="checkbox"/> ADJUST ITEM <input checked="" type="checkbox"/> CHANGE ACCOUNTING <input type="checkbox"/> DISASSEMBLY			
(13) INITIATING OFFICER'S SIGNATURE		(14) DATE	(15) PBO SIGNATURE		(16) DATE
<i>John E. Doe</i>		11 Feb 11	<i>The PBO's Signature</i>		11 Feb 11

# APPENDIX R (Continued)

## ADMINISTRATIVE ADJUSTMENT REPORT (AAR)

For use of this form, see DA PAM710-2-1, the proponent agency is DSCLOG

(1) ORGANIZATION / ACTIVITY		(2) DOCUMENT NUMBER			
1 / 651 Arty Bn		DODAAC W52HNK	DATE 2034	SERIAL 0020	
(3) ITEM NO	(4) STOCK NUMBER	(5) ITEM DESCRIPTION	(6) ARC	UNIT OF ISSUE (7)	(8) QTY
(9) <b>1.</b>	3805-00-466-0084	<b>Grader Cat Mdl 120 Ser. No UE 2879, UE 2754</b>	N	EA	2
(10) <b>1.</b>	3805-00-029-0139 J74852	<b>Grader Cat 120 w/ROPS Ser. No UE 2879, UE 2754 RICC 2</b>	N	EA	2
<b>CHANGED FROM</b>					
<b>CHANGED TO</b>					
<b>ABOVE SAMPLE CHANGES A STOCK NUMBER</b>					
(11) AUTHORITY <b>SB 700-20, September 1981</b>		(12) <input checked="" type="checkbox"/> CHANGE STOCK NO <input type="checkbox"/> CHANGE UNIT OF ISSUE <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> CONSUMED <input type="checkbox"/> ADJUST ITEM <input type="checkbox"/> CHANGE ACCOUNTING <input type="checkbox"/> DISASSEMBLY			
(13) INITIATING OFFICER'S SIGNATURE <i>John E. Doe</i>		(14) DATE <b>8 Feb 11</b>	(15) PBO SIGNATURE <i>The PBO's Signature</i>		(16) DATE <b>11 Feb 11</b>

# APPENDIX R (Continued)

## ADMINISTRATIVE ADJUSTMENT REPORT (AAR)

For use of this form, see DA PAM710-2-1, the proponent agency is DSCLOG

(1) ORGANIZATION / ACTIVITY		(2) DOCUMENT NUMBER				
1 / 651 Arty Bn		DODAAC W52HNK	DATE 2034	SERIAL 0020		
(3) ITEM NO	(4) STOCK NUMBER	(5) ITEM DESCRIPTION	(6) ARC	(7) UNIT OF ISSUE	(8) QTY	
1.	3805-01-029-0139	Grader Cat 120 W/ROPS Serial Number 246898	N	EA	1	
1.	3805-01-029-0139	Grader Cat 120 W/ROPS Serial Number 246899	N	EA	1	
<b>ABOVE SAMPLE DOCUMENTS A SERIAL NUMBER CORRECTION</b>						
(11) AUTHORITY DA PAM 710-2-1, Para 4-11 b (2)		(12) <input checked="" type="checkbox"/> SERIAL CHANGE STOCK NO <input type="checkbox"/> CHANGE UNIT OF ISSUE <input type="checkbox"/> ASSEMBLY <input type="checkbox"/> CONSUMED <input type="checkbox"/> ADJUST ITEM <input type="checkbox"/> CHANGE ACCOUNTING <input type="checkbox"/> DISASSEMBLY				
(13) INITIATING OFFICER'S SIGNATURE <i>John E. Doe</i>		(14) DATE 11 Feb 11	(15) PBO SIGNATURE <i>The PBO's Signature</i>		(16) DATE 11 Feb 11	

## APPENDIX S

### Instructions for Preparation of DA Form 2062, Hand Receipt / Annex Number

- (1) **Title:** Line out the words Annex Number
- (2) **From:** Enter the UIC and HR Number
- (3) **To:** Enter the UIC, TDA paragraph number, office, section, or branch name to be responsible for the property..
- (4) **Hand Receipt Number:** Enter a locally designated number (not required when property of a personal nature is issued directly to an individual).
- (5) **End Item Stock Number:** Enter the stock number of the end item. Enter LIN if applicable.
- (6) **End Item Description:** Enter detailed description of item, including the make or model number (if applicable). Enter the type, number, date, and changes in force of the publication that contains the basic issue items list (BILL), mandatory discretionary components, or other components list (ink or pencil entry). The publication number will normally be an operators technical manual (TM -10 series) or supply catalog (SC). This entry will be made above the item description and within the same block. Enter serial/registration numbers when recorded on the property book. Line out serial numbers when the item is turned in.
- (7) \* When used as a subhand receipt, enter the HR annex number for the item (pencil entry). If HR annex is not required, leave blank.
- (8) **SEC:** Enter the Controlled Inventory Item Code (CIIC) of the item (formerly SEC). The CIIC is in the Army Master Data File (AMDF).
- (9) **UI:** Enter unit of issue such as EA, DZ, FT, etc.
- (10) **Qty Auth:** Enter the quantity authorized to be on hand
- (11 A thru F) **Quantity:** Enter the quantity on hand for each item or component listed. When used as a hand receipt annex for shortages, enter the quantity short for applicable components. Line out all unused blocks in Columns with recorded quantities.  
Advance all quantities to the next quantity column when quantities change. Quantities must be advanced when changing hand or sub hand receipt holders.

**NOTE 1:** All entries will be made in ink or typewritten unless otherwise stated. Make corrections of errors in the stock number or item description columns by drawing a single line through the wrong data and writing the correct data above the lined-out error. Correct quantity column error by entering the correct quantity in the next column, carrying all other quantities forward to the new column, and having the subhand receipt holder sign both columns.

**NOTE 2:** Prepare in original and one copy (original is retained by the HRH and the copy forwarded to the subhand receipt holder). Both copies are destroyed when items are returned.

## APPENDIX S (Continued)

### Instructions for Preparation of DA Form 2062, Hand Receipt / Annex Number

(12) **Signature:** The person receiving the property will sign, enter their rank, and the proper quantity column on the last page (ink entry). The last page is the last numbered page. It may be an odd or even number. The last page may be reserved for signatures only. (The original page will have an original signature; the copy may have a xeroxed signature).

When using the component hand receipt as a hand receipt shortage annex, the person filling the position identified in the "From" block signs and dates (ink entry) the last page under the last recorded item. The current responsible person must validate shortages.

**Page of Pages:** Self Explanatory.





# APPENDIX S (Continued)

STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	c.	d.	e.	f.	g. QUANTITY					
						A	B	C	D	E	F
8460-00-841-6121	TM 9-2330-231-14 W / C 1, 23 Mar 72 Tlr Ammo M332 USA #381241 Ser # 2260021		N	EA	2						
8470-00-841-6232	TM 9-2330-209-1011, 29 Oct 76 Trk Cgo 2 1/2 T M35A2 USA #9J7114, Ser # 2260021		U	EA	1						
8480-00-841-6343	Radio Set AM / VRC-46	1	U	EA	1						
					(12)						
					<i>John Doe, Production Controller, JMTC</i>						

# APPENDIX T

## Instructions for Preparation of DD Form 200, Financial Liability Investigation of Property Loss

**NOTE:** Continuation sheets may be used if the space on the face of the DD Form 200 is insufficient.

**Paperwork must be submitted within 15 days, i.e., from date of loss/damage to date of preparation of DD Form 200 cannot exceed 15 days.**

### **Block**

- (1) **Date Initiated:** Enter the date the DD Form 200 is initiated
- (2) **Inquiry/Investigation Number:** Leave Blank, the approving authority will enter the inquiry/investigation number when received from the responsible officer, the reviewing authority, the appointing authority, or the accountable officer.
- (3) **Date Loss Discovered:** Enter the date the loss was discovered or the date of the incident that caused the loss. The date must read: yyyy/mm/dd
- (4) **National Stock Number:** Enter National Stock Number, manufacturer's part number, or other identification numbers in numerical sequence. If not applicable, enter the word "none".
- (5) **Item Description:** Enter the nomenclature of the item including any serial number, model number, controlled inventory item, etc. If item is nonstandard, give brief description sufficient for identification. If only a portion of item is damaged, describe the end item, fully, then describe damaged parts. If additional space is needed, a continuation sheet may be used.
- (6) **Quantity:** Enter the number of items lost, damaged, or destroyed and the unit of issue (e.g., 1 each, 2 dozen, 5 pair, etc.).
- (7) **Unit Cost:** Enter the cost per unit as shown in the Army Master Data File (AMDF) contained on Federal Logistics (FEDLOG) in effect at the time of the loss. When unavailable in FEDLOG, use current market price of a similar item; otherwise, estimate the unit price and attach the basis for the estimate to the investigation of property loss.
- (8) **Total Cost:** Enter the total cost of all property identified by multiplying the unit price (Block 7) of each item, by the quantity (Block 6). For damaged property, enter the estimated cost of damage (ECOD). After the last entry on each page, enter the "subtotal" for that page. Enter the "grand total" on last page. The grand total is the total cost of all items listed on the front of the DD Form 200 and on all continuation sheets.
- (9) **Circumstances Under Which Property Was:** Enter an "X" in the appropriate block identifying whether the property was lost, damaged, or destroyed. Enter "See AR 15-6 Investigation, Exhibit (Alpha Character), or the location of the AR 15-6 Investigation", if classified.
- (10) **Actions Taken to Correct Circumstances Reported in Block 9 and Prevent Future Occurrences:** Leave Blank

## APPENDIX T (Continued)

### Instructions for Preparation of DD Form 200, Financial Liability Investigation of Property Loss

<u>Block</u>	<u>Information</u>
--------------	--------------------

(11a-11e) **Note:** If the responsible officer or the reviewing authority completed Blocks 1 through 10, leave Blocks 11a through 11e blank; otherwise, complete as follows:

(11a) **Organizational Address:** Enter the organizational address of the individual who completed Blocks 1 and 3-10.

(11b) **Typed Name:** Enter the individual's name that completed Blocks 1 and 3-10.

(11c) **DSN Number:** Enter the telephone number of the individual identified in Block 11b.

(11d) **Signature:** The individual identified in Block 11b enters his or her signature. Electronically/digital signature may be used if DD Form 200 is electronically produced.

(11e) **Date Signed:** Enter the date Block "d" is signed. Enter date as: yyyy/mm/dd

(12) **Responsible Officer (Property Record Items):** For losses of property at the using unit level, check "Responsible Officer".

**Reviewing Authority (Supply System Stocks):** For losses of property at the forward distribution point level, check "Reviewing Authority".

# APPENDIX T (Continued)

## FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 2775; DOD Directive 7200, 11: EO 9397.

**ROUTINE USE(S):** None.

**PRINCIPLE PURPOSE(S):** To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DOD-controlled property. The purpose of soliciting the SSN is for positive identification.

**DISCLOSURE:** Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYYYMMDD) <b>2011/01/30</b>	2. INQUIRY/INVESTIGATION NUMBER <b>02-573-04</b>	3. DATE LOSS DISCOVERED <b>2010/01/31</b>
4. NATIONAL STOCK NO. <b>4444-55-789-1122</b>	5. ITEM DESCRIPTION <b>Dispensing Pump,</b> Hand Driven <b>continued on continuation sheet</b>	6. QUANTITY <b>2</b>
	7. UNIT COST <b>268.57</b>	8. TOTAL COST <b>537.14</b>

9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X ONE)  LOST  DAMAGED  DESTROYED  
*(Attach additional pages as necessary)*

**On 1 thru 15 January 2010 a joint inventory of the unit motor pool was conducted by SSG Gary M Slatt, the outgoing motor sergeant, and SSG Bryan D McKee, the incoming motor sergeant. The property identified in Blocks 4 thru 8 above, and on continuation sheet, cannot be found.**  
**Continued on Continuation Sheet**

10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES *(Attach additional pages, As necessary)*

**Commander placed command emphasis on keeping him informed when property is loaned to another platoon or section within the unit and on the preparation of sub-hand receipts when property is loaned to other platoons and sections within the unit.**

11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10

a. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>  <b>573d Supply and Service Company Fort Mile High, HI 12345-6789</b>	b. TYPED NAME <i>(Last, First, Middle Initial)</i> <b>John Doe, 1LT, Ord, XO</b>	c. DSN NUMBER <b>321-9876</b>
	d. SIGNATURE <b>John Doe</b>	e. DATE SIGNED <b>20110125</b>

12. (X one)  RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)  REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)

a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED <i>(x one)</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS/RECOMMENDATIONS <b>SSG Slatt alleges missing property was loaned to the Laundry and Bath (L&amp;B) Platoon. However, when asked to provide the hand receipt showing the issue of property to the L&amp;B Platoon, he was unable to provide them.</b>
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c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>  <b>573d Supply and Service Company Fort Mile High, HI 12345-6789</b>	d. TYPED NAME <i>(Last, First, Middle Initial)</i> <b>JONES, JAMES E. CPT, Inf, Commanding</b>	e. DSN NUMBER <b>321-1234</b>
	f. SIGNATURE	g. DATE SIGNED <b>20110128</b>

13. APPOINTING AUTHORITY

a. RECOMMENDATION <i>(X One)</i>	b. COMMENTS/RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED <i>(X One)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------------------	-----------------------	---

d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	e. TYPED NAME <i>(Last, First, Middle Initial)</i>	f. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

14. APPROVING AUTHORITY

a. RECOMMENDATION <i>(X One)</i>	b. COMMENTS/RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED <i>(X One)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
----------------------------------	-----------------------	--

d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	e. TYPED NAME <i>(Last, First, Middle Initial)</i>	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

**Sample Continuation Sheet for DD Form 200, Financial Liability  
Investigation of Property Loss**

**Blocks 4 – 8 continued, Investigation of Property Loss Number 02-573, 21 June 2002,  
\$2,733.89, 573d Supply and Service Company**

<u>National Stock No.</u>	<u>Item Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
7520-00-375-9181 (T47141) RICC 2	Sign Painting Set	1	\$292.95	\$ 292.95
4720-00-289-6123 (K53748) RICC 2	Hose Cotton Rubber	3	30.00	30.00
4720-00-375-1528	Hose and Fitting Kit	2	906.90	2,733.89

**Notes:**

- 1. If last page, enter Grand Total**
- 2. For intermittent pages, enter Sub-total**

**Block 9 continued, Investigation of Property Loss, 21 March 2002, \$2,733.89, 573<sup>rd</sup>  
Supply and Service Company**

On 1 thru 15 January 2010 a joint inventory of the unit motor pool was conducted by SSG Gary M Slatt, the outgoing motor sergeant, and SSG Bryan D McKee, the incoming motor sergeant, 23 November 2009, Exhibit A. SSG Slatt alleges missing property was sub-hand receipted to SSF Jones for the last 17 months and was loaned to the Laundry and Bath (L&B) Platoon on 4 December 2001 for use in a field training exercise during the period 9-22 December 2009, Exhibit B. However, neither SSG Slatt or SSF Jones were able to produce a signed sub-hand receipt. When asked the actual whereabouts of the property, Platoon Leader stated he did not recall receiving the property from SSF Jones. The other platoon leaders and/or sergeants were unable to provide whereabouts of property. Exhibits A and B are attached.

# APPENDIX T (Continued)

<b>15. FINANCIAL LIABILITY OFFICER</b>			
a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)			
b. DOLLAR AMOUNT OF LOSS		c. MONTHLY BASIC PAY	d. RECOMMENDATION FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS (Unit Designation, office Symbol, Base, State/Country, Zip Code)	f. TYPED NAME (Last, First, Middle Name)		g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING		i. DATE APPROVED (YYYYMMDD)
	j. SIGNATURE		k. DATE SIGNED
<b>16. INDIVIDUAL CHARGED</b>			
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICE AND (X One)			
<input type="checkbox"/> Submit the attached statement of objection		<input type="checkbox"/> Do not intend to make such a statement.	
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	d. TYPED NAME (Last, First, Middle Name)		e. SOCIAL SECURITY NUMBER
	g. SIGNATURE		h. DATE SIGNED
f. DSN NUMBER			
<b>17. ACCOUNTABLE OFFICER</b>			
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD			
b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	c. TYPED NAME (Last, First, Middle Initial)		d. DSN NUMBER
	e. SIGNATURE		f. DATE SIGNED

# APPENDIX U

## Instructions for Preparation of DD Form 1131, Cash Collection Voucher

### Block

(1) **Disbursing Office Collection Voucher Number:** Leave Blank

(2) **Receiving Office Collection Voucher Number:** Leave Blank

(3) **Receiving Office:**

- a. **Activity:** Enter UIC, HR #r, name of HRH , office symbol, location, and zip code.
- b. **Received and Forwarded By:** Installation PBO's printed name, title, and signature.
- c. **Telephone Number:** Enter DSN and Commercial Number (including Area Code)
- d. **Date:** Enter date prepared (YYYYMMDD)

(4a – 4e) **Disbursing Office:** Leave Blank

(5a - 5b) **Period:** Leave Blank

(6) **Date Received:** Leave Blank

(7) **Name of Remitter/Description of Remittance:** Enter name, rank or grade, and SSN of person or persons making remittance and description of remittance. Upon completion of form, have person or persons sign above their name in this block.

(8) **Detailed Description of Purpose for Which Collections Were Received:** Enter the description of the item for which collection is being made. Enter standard price of each item. When property is totally lost or destroyed, enter the words "No Residue".

(9) **Amount:** Enter the total dollar amount of item for which collection is being made. Complete the total amount as follows: standard price multiplied by quantity minus depreciation.

(10) **Accounting Classification:** Leave Blank

(11) **Total:** Enter total amount charged.

**NOTE:** Upon completion of remittance information, enter the following statements:

- (1) "Used instead of a report of survey or a AR 15-6 investigation, para 12-2, AR 735-5".
- (2) "I agree to turn in, to the proper supply officer, all property later recovered. I understand that the Government retains title to the property listed on this form in the event of later recovery".
- (3) "\*\* Depreciation allowed per Appendix B, AR 735-5".

# APPENDIX U (Continued)

<b>CASH COLLECTION VOUCHER</b>		1. DISBURSING OFFICE COLLECTION VOUCHER NUMBER		
		2. RECEIVING OFFICE COLLECTION VOUCHER NUMBER		
3. RECEIVING OFFICE				
a. ACTIVITY (Name and Location) (Include Zip Code) <b>WXXXXX, HR XXXX, US Army Garrison-Rock Island Arsenal, IMNE-RIA-XX, Rock Island, IL 61299-5000</b>				
b. RECEIVED AND FORWARDED BY (Printed Name, Title and Signature) <b>Mary Smith, Property Book Officer</b>			d. DATE (YYYYMMDD) <b>20110130</b>	
c. TELEPHONE NUMBER (Include Area Code): COMMERICAL: <b>(309) 782-xxxx</b> DSN: <b>793-xxxx</b>				
4. DISBURSING OFFICE				
a. ACTIVITY (Name and Location) (Include Zip Code)				
b. DISBURSING OFFICER (Printed Name, Title and Signature)			d. DISBURSING STATION SYMBOL NUMBER	
c. TELEPHONE NUMBER (Include Area Code): COMMERICAL: DSN:			e. DATE (YYYYMMDD)	
5. PERIOD: a. FROM: b. TO:				
6. DATE RECEIVED	7. NAME OF REMITTER DESCRIPTION OF REMITTANCE	8. DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	9. AMOUNT	10. ACCOUNTING CLASSIFICATION
	<i>Jane E. Doe</i> <b>Jane E. Doe 123-45-6789</b>	<b>Mask, Prot, ABCM175 4242-55-789-0000 1 ea, \$40.18, M11895 No Residue</b>	<b>\$36.17*</b>	
	<i>John E. Doe</i> <b>John E. Doe 987-65-4321</b>	<b>Sleeping Bag, Artic 8465-01-468-9035 1 ea, \$41.00, T71706 No Residue</b>	<b>\$36.90*</b>	
<b>Used instead of an investigation, para 12-2, AR 735-5</b>				
<b>I agree to turn in, to the proper supply officer, all property later recovered. I understand that the Government retains title to the property listed on this form in the event of later recovery.</b>				
<b>* Depreciation allowed per Appendix B, AR 735-5</b>				
11. TOTAL			<b>\$73.07</b>	



# APPENDIX V

## INSTRUCTIONS FOR PREPARATION OF DD FORM 362, STATEMENT OF CHARGES/CASH

**Block 1.** Enter the date the document is prepared.

**Block 2.** The Property Book Officer enters the document or voucher number for lost or destroyed items (this does not apply to damaged items). Document is posted to the accountable records when document or voucher number is assigned.

**Block 3.** Enter the name of employing agency.

**Block 4.** Enter the name of the installation where the organization is located.

**Block 5. – 7.** Leave Blank (Finance and Accounting Office completes these blocks).

**Column a.** Enter the stock number and line item number for items lost, damaged, or destroyed. If item is nonstandard, enter “nonstandard item” or “NSI”.

**Column b.** Enter the following for lost, damaged or destroyed item:

- (1) Complete description
- (2) Unit cost of item (obtain from current FEDLOG at the time of the loss)
- (3) If property is damaged, add “Damage To”
- (4) Reportable item control code (RICC) (for RICC 2, A, B, C, and Z)
- (5) When RICC listed is totally lost or destroyed (no residue to turn in), enter “no residue”

If extra space is needed, use blank paper, properly identified, as a continuation sheet.

**Column c.** Enter total number of each item lost, damaged, or destroyed

**Column d.** Enter the unit cost, less depreciation when authorized by AR 735-5, Appendix B, for items lost or destroyed. For damaged items, enter cost to repair. Depreciation is not allowed for damaged items.

**NOTE:** Annotate the statement: \*Depreciation allowed per Appendix B, AR 735-5”.

**Column e.** Enter the value of the unit price multiplied by the quantity for each item on the document.

**Block 8a.– 8b.** The commander will place an “X” in one of these blocks. Block 8b will be based on the desire of the individual being charged.

**Block 8c.** Enter total of column e and any costs from continuations sheets, if applicable.

## APPENDIX V (Continued)

### INSTRUCTIONS FOR PREPARATION OF DD FORM 362

**Block 9d.** Enter grade or rank of the individual charged

**Block 9e.** Enter full name of the individual charged

**Block 9f.** Enter social security number of individual being charged

**Block 9g.** Enter either lost, damaged, or destroyed through negligence, as applicable.

**Block 9h.** Individual being charged, signs the document

**Block 9i.** Individual being charged enters the amount being charged (from Block c) in their handwriting

**Block 10a.** The commander enters the date he or she signs block 10b.

**Block 11.** Leave blank (to be completed by Finance and Accounting Office).

# APPENDIX V (Continued)

<b>STATEMENT OF CHARGES/CASH COLLECTION VOUCHER</b>				1. DATE <b>29 Jan 2011</b>	
				2. DOCUMENT/VOUCHER NUMBER <b>WXXXXX 2001-1002</b>	
3. ORGANIZATION <b>A Troop, 4<sup>th</sup> Cavalry Regiment, UIC: WA2HAA</b>			4. STATION <b>Fort Texas, TX 12345-6789</b>		
5. DISBURSING OFFICE COLLECTION VOUCHER NUMBER		6. DISBURSING STATION SYMBOL NUMBER		7. ACCOUNTING CLASSIFICATION	
STOCK NUMBER a.	ITEM DESCRIPTION b.	QTY c.	UNIT PRICE d.	TOTAL COST e.	
<b>1111-22-333-4444 C96536</b>	<b>Canteen, 1 Quart (\$3.25)</b>	<b>1</b>	<b>2.92*</b>	<b>2.92</b>	
<b>5555-66-777-8888 F24567</b>	<b>Cover, Canteen, Cold Weather (\$3.25)</b>	<b>1</b>	<b>2.92*</b>	<b>2.92</b>	
<b>9999-00-111-2222</b>	<b>Gloves, Barbed Wire Handlers (\$14.10)</b>	<b>2</b>	<b>12.69*</b>	<b>25.38</b>	
<b>3333-44-555-6666 D23456</b>	<b>Sleeping Bag, Universal Type 2 (\$115.95) RICC 2 No Residue</b>	<b>1</b>	<b>104.35*</b>	<b>104.35</b>	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
	<b>* Depreciation allowed per Appendix B. AR 735-5</b>			0	
8. TYPE OR ACTION (Select one)					
a. PAYROLL DEDUCTION		b. CASH COLLECTION <input checked="" type="checkbox"/>		c. GRAND TOTAL <b>\$135.47</b>	
9. CERTIFICATION OF RESPONSIBLE INDIVIDUAL I certify that my signature hereon constitutes					
a. An authorization to recover the amount of the indebtedness through payroll deduction, if payroll deduction is checked. If cash collection is checked, I am remitting debt in cash.					
b. An affirmation that the articles are not now in my possession.					
c. An agreement to turn-in to the appropriate supply officer all articles later recovered, it being understood that the U.S. Government retains title to the articles listed hereon.					
d. RANK/ GRADE  <b>SPC</b>	e. NAME (LAST, First, Middle Initial) <b>Doe, John E.</b>	g. CAUSE FOR CHARGE <b>Lost through negligence</b>		h. SIGNATURE  <i>John E. Doe</i>	i. AMOUNT  <b>\$135.47</b>
f. SOCIAL SECURITY NUMBER <b>XXX-XX-XXXX</b>					
10. ORGANIZATION COMMANDER  The statements hereon are complete and correct. All damaged property has been disposed of in accordance with current directives and the charges have been computed in accordance with the provision of AR 735-5, Appendix B.			11. DISBURSING OFFICER OR PAYROLL CERTIFYING OFFICER The amount entered in grand total has been (FAO) check the appropriate action below.		
			a. Entered on the appropriate pay record or payroll, or DD Form 139 has been prepared and forwarded for collection.		
			b. Remitted through cash collection.		
a. DATE <b>29 JAN 2011</b>	b. SIGNATURE BLOCK/SIGNATURE <i>Mary E. Smith</i> <b>MARY E. SMITH, CPT, CAV, Commanding</b>		c. DATE	d. SIGNATURE BLOCK/SIGNATURE	

## APPENDIX W

### Instructions for Preparation of DA Form 3161, Request for Issue or Turn-In Lateral Transfer for Shipment of Property Book Items

- NOTE 1:** Leave "Issue" and "Turn-In" blank  
**NOTE 2:** Number sheets consecutively  
**NOTE 3:** Enter total number of sheets included in this request  
**NOTE 4:** All entries, except signatures, will be made in ink or typewritten.

#### Block

#### Information

- (1) Enter the name, address, and UIC of the gaining organization
- (2) Enter the name, address, hand receipt number, office symbol, phone extension, building, floor, wing, and UIC of the losing organization
- (3) Losing organization will enter the document number assigned to the lateral transfer. Document number is the DODAAC, julian date, and serial number
- (4) Leave Blank for gaining organization to enter their document number
- (5) Enter "**lateral transfer**"
- (6-11) Leave Blank
- (12a) Enter the item number, in sequence, for each item being shipped
- (12b) Enter the stock number and line item number (LIN) for each item shipped
- (12c) Enter as identified on hand receipt of losing organization. Include serial number and barcode number.
- (12d) Enter the unit of issue, as identified on hand receipt of losing organization
- (12e) Enter the quantity of each item being shipped
- (12f) Leave Blank
- (12g) Leave Blank. Gaining organization will enter quantity received
- (12h-12j) Leave Blank
- (13) The PBO of the losing organization will print name, date and sign, this block. Include rank, if applicable.
- (14) Leave Blank
- (15) The PBO of the gaining organization will print name, date and sign, this block. Include rank, if applicable.

**NOTE:** Lateral transfer is prepared by the losing organization.

**NOTE:** Lateral transfer will include a justification for the shipment of items (include address of installation receiving items).

**NOTE:** Lateral transfer will contain a block stating: "*Approved By: Installation Equipment Manager.*"

# APPENDIX W (Continued)

REQUEST FOR ISSUE OR TURN-IN <small>(DA PAM 710-2-1)</small>		ISSUE NO.	SHEET NO.	NO. SHEETS	3. REQUEST NO.	4. VOUCHER NO.					
		TURN-IN	1	1	6. DODAAC	7. PRIORITY	8. ACCOUNTING/FUNDING DATA				
1. SEND TO: <b>HA2HAH, AMSTA-RIA-XX, 1 Rock Island Arsenal, Rock Island, IL 61299-5000</b>		5. DATE MATERIAL REQUIRED <b>Lateral Transfer</b>					9b. MODEL				
2. REQUEST FROM: WXXXXX, HR XXXX, Bldg 001, 2 <sup>nd</sup> floor, North, Mr. John E. Doe, 2-xxxx		9. END ITEM IDENT			9a. NAME/MANUFACTURER		9c. SERIAL NO.				
*CODE		TURN-IN			10. PUBLICATION		11. JOB ORDER NO				
		I = Initial R = Requirement			LT = Lateral Transfer						
		FMT = Fair Wear and Tear RS = Report of Survey			EX = Exam SC = Stmt of Charges						
ITEM NO. a	STOCK NO. b	ITEM DESCRIPTION c	UNIT OF ISSUE d	QUANTITY e	CODE* f	SUPPLY ACTION g	UNIT PRICE h	TOTAL COST i	J. POSTED DATE (yyyymmdd)	BY	
1.	7010-00-239-8672	Printer, Zenith Mdl 6248B S/N 1386218, BC L9683	EA	1			\$300.00	\$300.00			
2.	6825AP6936	Modem, Gandalf Data LDS L20 S/N A56289, BC N5244	EA	1			\$250.00	\$250.00			
***** NOTHING FOLLOWS *****											
Justification: Equipment being shipped to fulfill a requirement at Anniston Army Depot Equipment is being transferred to: USAISC Anniston Army Depot ATTN: ASQNG-AL Anniston, AL 36204-5090 POC: Mrs. Jane Doe, DSN 592-8669											
<b>APPROVED BY:</b>											
Installation Equipment Manager											
SHEET TOTAL											
GRAND TOTAL											
13. ISSUE/TURN-IN "QUANTITY" COLM IS REQUESTED		DATE		14. ISSUE QTY IN "SUPPLY ACTION" COLUMN		DATE		15. REC QTY IN "SUPPLY ACTION" COLUMN		BY PBO signs and dates upon receipt	
		2008/01/01		BY <b>John E. Doe, GS-11</b>		DATE (YYYYMMDD)		DATE (YYYYMMDD)		BY	

# APPENDIX X

## Instructions for Preparation of DD Form 1149, Requisition and Invoice/Shipping Document

<u>Block</u>	<u>Information</u>
( 1)	Enter a complete organizational address, including office symbol
( 2)	Enter Destination Point of Contact (POC) and Destination Phone Number
( 3)	Enter a "complete" destination address where material is to be shipped and make certain the DODAAC appears in this block
( 4)	Enter TAC Code and the name, phone number, organization, and email address (See NOTE 1, below)
( 5)	Enter current date
( 6)	Enter requisition number: (DODAAC + year/julian date + 4 digit sequence number)
( 7)	Enter date material is required to reach destination
( 8)	Enter priority designator
( 9)	Leave Blank
(10)	Only an <b>authorized requestor</b> signs in this block
(11)	(11a) Voucher Number and Date (See NOTE 2, below) (11b) Leave Blank
(12 -15)	Leave Blank
	(a) Consecutively number items being shipped
	(b) Enter National Stock Number and complete item description, including any identification numbers known. If material is hazardous, it must be noted in this block (See NOTE 3, below)
	(c) Enter unit of issue
	(d) Enter quantity
	(e-g) Leave Blank
	(h) Enter unit price
	(i) Enter total cost

**NOTE 1:** If utilizing the transportation website, your CAC card information will automatically appear in this block; however, you must enter the TAC Code.

**NOTE 2:** If utilizing the transportation website, the Voucher Number will automatically be assigned by the system; however, you must enter the date.

**NOTE 3:** If utilizing the transportation website, you will be given the option of choosing yes or no as to whether or not the material is hazardous.

# APPENDIX X (Continued)

## REQUISITION AND INVOICE/SHIPPING DOCUMENT

OMB No. 0704-0246  
-OMB approval expires Apr 30, 2009

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to the Department of Defense, Executive Services Directorate (0704-0246). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.**

<b>1. FROM: (INCLUDE ZIP CODE)</b>		<b>5. Requisition Date</b>		<b>6. Requisition Number</b>	
Name of Organization		1 August 2011		W67V8Y-1222-0001	
ATTN: AMSJM-XX-XX		<b>7. Date Material Required (YYYYMMDD)</b>		<b>8. Priority</b>	
Rock Island, IL 61299-5000		7233 - 21 August 2011		03	
<b>2. TO: (INCLUDE ZIP CODE)</b>					
Destination POC: Ms. Jane Doe					
Destination Phone: (309) 888-9999					
<b>3. SHIP TO - MARK FOR</b>					
Name of Organization					
ATTN: AMSJM-RI-XX (Mr. John Doe)					
678 Hudson Drive, Building 456					
Deserted Place, TY 12345-6789					
DODAAC: C44X4Z					
<b>4. APPROPRIATIONS DATA</b>					
TAC Code: AB8C					
Ms. Mary Smith, JMC, ATTN: AMSJM-YY-YYYY, mary.smith@army.org (this will be automatic, if CAC card was used)					

ITEM NO.	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES	UNIT OF ISSUE	QUANTITY REQUESTED	SUPPLY ACTION	TYPE OF CONTAINER	CONTAINER NOS.	UNIT PRICE	TOTAL COST	AMOUNT
1.	7777-88-999-0000, Meat Slicer, P/N MS2119	EA	2				\$888.88	\$1,777.76	
Hazardous Material: No									

16. TRANSPORTATION VIA AMC OR MSC CHARGEABLE TO				17. SPECIAL HANDLING			
ISSUED BY	TOTAL CONTAINERS	TYPE	DESCRIPTION	CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	SHEET TOTAL
							\$888.88
CHECKED BY				QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	GRAND TOTAL
							\$1,777.76
PACKED BY				POSTED	DATE (YYYYMMDD)	BY	20. RECEIVER'S VOUCHER NO.
			TOTAL				

# APPENDIX X (Continued)

## REQUISITION AND INVOICE/SHIPPING DOCUMENT

OMB No. 0704-0246  
-OMB approval expires Apr. 30, 2009

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to the Department of Defense, Executive Services Directorate (0704-0246). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.**

Sheet No.	No. of Sheets	6. Requisition Number	11a. Voucher Number and Date					UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CONTAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)													

**SHEET TOTAL**



# APPENDIX Y

## Instructions for Completion of DA Form 2064, Document Register for Supply Actions

1. **Element keeping the register:** Enter name of the element and unit keeping the register.
2. **DOD Activity Address Code:** Enter the unit DODAAC that will be put on the request. COMSEC custodians will enter the COMSEC account number used to request classified COMSEC equipment and components.
3. **Unit Identification Code:** Enter the UIC of the requesting unit.
4. **Page number:** Enter page number (pages are numbered in sequence)
  - a. **Document Number Date:** Enter the Julian date
  - b. **Document Number Serial:** Enter the assigned four-digit document serial number (the sequence of this number will restart daily).
  - c. **Document Sent To:**
    - (1) For request for issue and turn-in, enter the last three digits of the Supply Support Activity (SSA) DODAAC
    - (2) Classified COMSEC custodians enter the last three digits of the supporting SSA COMSEC account number
    - (3) For other than request for issue or turn-in, enter name of activity the document is sent to
  - d. **Stock Number:**
    - (1) Enter the stock number of the item being requested or turned in. For Non-Expendable document registers, the LIN may be included for purposes of continuity and cross-reference
    - (2) For requests for issue or turn-in on DA Form 3161, leave blank
    - (3) For ammunition requests, leave blank
    - (4) For other than request for issue or turn-in, leave blank
  - e. **Noun**
    - (1) Enter one or two words that identify the item requested or turned in
    - (2) For request for issue or turn-in on DA Form 3161, enter DA Form 3161.
    - (3) For other than requests for issue or turn-in, enter a description of the form or action.

**Examples are—**

Statement of Charges	(S/C)
Report of Survey.	(R/S)
Administrative Adjustment Report	(AAR)

## APPENDIX Y (Continued)

### Instructions for Completion of DA Form 2064

f. **Request For:**

- (1) Enter hand receipt or equipment number, or other locally assigned identification for which item is requested
- (2) For supply requests that are required by a maintenance request, enter the job order number.
- (3) For adjustment documents such as statements of charges or reports of survey, applicable hand receipt number may be entered

g. **Priority Designator (PD):** Enter the PD of the request for issue; otherwise, leave blank

h. **Initials:**

- (1) The person authorized to authenticate requests will place their initials in this column for each UND A and B request; otherwise, leave blank
- (2) For UND A and B, supply requests that are required by a maintenance request, leave blank

i. **Quantity Requested:**

- (1) Enter quantity requested
- (2) For Request for Issue on DA Form 3161, leave blank
- (3) For other than Request for Issue, leave blank

j. **Quantity Received/Turned-In:** Enter the quantity received or turned-in from the SSA. If partial amount was received, enter the partial quantity in "**pencil**"; otherwise, leave blank

k. **Quantity Due In:** Enter the quantity due-in when document number is assigned ("**pencil**" in entry). On receipt of material, receipt of cancellation or rejection status, change the due-in quantity.

l. **Date Follow-Up Due:** All entries are made in **pencil**. This column may contain more than one entry. When the space in this column is insufficient, use Column n when:

Supply status card is received for total due-in quantity.

Erase any previous entry.

Status code, and if provided, the EDD from the card

Supply status card is received for part of due-in quantity

Erase previous entry. Status code, EDD if provided, and quantity from status card

or

Shipment status card is received for total due-in quantity.

Erase previous entry. Document identifier code (DIC) and the date shipped or ESD from the card.

Shipment status card is received for part of due-in quantity.

Erase previous entry, as appropriate. DIC, the date shipped, or ESD, and quantity from status card.

Final action is completed.

Erase old entry.

## APPENDIX Y (Continued)

### Instructions for Completion of DA Form 2064

m. **Date Completed:**

(1) Enter Julian date when final action is completed. If a partial quantity is received, enter the Julian date of receipt in pencil. If entire quantity is cancelled:

(2) When cancellation or rejection status is received for total quantity requested, enter the status code and the Julian date of the cancellation or rejection verification.

(3) Enter CXL and the Julian date when request documents are canceled prior to forwarding to the SSA, and when documents other than request for issue are canceled.

(4) Julian date adjustment documents or AARs are posted to the property records, or the Julian date of the release document is initiated by the survey officer for damaged property.

n. **Remarks** Enter any necessary remarks in this block. This column may also be used when extra space is needed from Column L.

# APPENDIX Y (Continued)

DOCUMENT REGISTER FOR SUPPLY ACTIONS. For Use of this form, see DA PAM 710-2-1. <i>The proponent agency is ODCSLOG.</i>			ELEMENT KEEPING THE REGISTER <b>Artillery Branch Property Book Section</b>				DOD ACTIVITY ADDRESS CODE <b>WY22WYW</b>			UNIT IDENTIFICATION CODE <b>HH55HHH</b>			PAGE NUMBER <b>22</b>
DOCUMENT NUMBER	DOCUMENT SENT TO	STOCK NUMBER	NOUN	REQUEST FOR	PD	INITIALS	QUANTITY		DATE FOLLOW-UP DUE	DATE COMPLETED	REMARKS		
							REQUEST	REC'D/TURN IN					
DATE	SERIAL						REQUEST	REC'D/TURN IN	DATE FOLLOW-UP DUE	DATE COMPLETED	REMARKS		
a	b	d	e	f	g	h	i	j	k	l	m	n	
1	0002	0001	H1B	1234-56-789-1234	Truck, Util	SHR # 1	13	4	4	3327			
2	0002	0002	H1B	5678-90-123-4567	AAR	SHR # 2	13	10	5				
3	0002	0003	H1B	8901-23-456-7890	Lateral Transfer	SHR # 3	13	2			AF1 3295		
4	0010	0001	H1B	1234-56-789-0123	Rifle	SHR # 2	13	1	1		AC1 3286		
5	0010	0002	H1B	4567-89-123-4567	Rifle	SHR # 1	13	12	2	3316	CS (10) 3315		
6	0010	0003	H1B	8912-34-567-8901	S/C	SHR # 3	13	1		BQ 3291			
7	0010	0004	H1B	1234-56-789-1234	Compass	SHR # 3	03	3	3	BB 3285			
8	0010	0005	H1B	5678-91-234-5678	R/S	SHR # 4	06	6	6	AS1 3330			
1					Example of a completed request when total quantity was received.								
2					Example of a completed request with a partial quantity due in.								
3					Example of entries when action initiated to determine status of an unfilled request.								
4					Example of request for cancellation for total due in quantity submitted shipment status not received.								
5					Example of partial quantity issue and partial quantity rejected.								
6					Example reflecting a reply to a cancellation request verifying request has been cancelled.								
7					Example when supply status list has been received with estimated delivery date.								
8					Example when shipping status has been received and shipment date is entered.								

## APPENDIX Z

### Instructions for Completion of AMC Form 2468-R, Durable Usage Control Record

1. Enter Stock Number
2. Enter Item Description
3. Enter unit price of latest acquisition or from AMDF
4. Enter the document number from your organization's expendable/durable document register
5. Enter the quantity received from the supporting SSA
6. Enter the quantity turned in to the supporting SSA
7. Enter total balance on hand by all users supported by your expendable/durable document register. Maintain a running balance
8. Enter quantity issued on this document number to a single customer
9. Enter quantity returned by the customer
10. Enter date of transaction
11. Enter signature and office symbol of person receiving or returning durable property.

# APPENDIX Z

## DURABLE USAGE CONTROL RECORD

(AMC Suppl 1 to AR 710-2)

<b>1. NSN</b> 7025-00-444-5555		<b>2. NOUN</b> Printer, Laserjet with Duplex Assembly					<b>3. PRICE</b> \$1.45	
CUSTODIAN INFORMATION				CUSTOMER INFORMATION				
4. DOCUMENT NUMBER	5. QTY RECEIVED	6. T/I	7. OH	8. ISSUED	9. RETURNED	10. DATE	11. ISSUED TO/ RETURNED FROM	
WH4ABC 4224-0001	5	0	5	5		11 Aug 07	John Doe (HMMC HNKCOM)	
WH4ABC 4225-0001	0	2	3		2	13 Aug 07	DRMO	

## APPENDIX AA

### INSTRUCTIONS FOR COMPLETING THE COMMAND SUPPLY DISCIPLINE PROGRAM (CSDP) USER LEVEL REQUIREMENTS LISTING AND USER CHECKLIST RESPONSE DOCUMENT

1. In accordance with AR 710-2, the CSDP monitor is required to:

a. Assist with the establishment and utilization of their Commander's CSDP.

b. Forward the annual CSDP User Level Requirements Listing and User Checklist Response Document to all Directorates located on Installation at Rock Island Arsenal (see Section XXV) to supervisors of hand receipt holders. The intent of the checklist is to provide users with a single source of supply requirements.

c. Check subordinate units to ensure the Commander's guidance for implementing CSDP is followed.

d. Review the results of CSDP evaluations by subordinate units to ensure maximum supply efficiency in accordance with regulatory guidelines.

e. Keep the Commander informed as to the status of supply discipline and of the CSDP.

f. Recommend areas that require increased command emphasis.

2. The hand receipt holder's immediate supervisors are requested to:

a. Review the CSDP checklist and become familiar with applicable regulatory requirements.

b. Utilize the CSDP checklist in the routine performance of supply actions to assure regulatory compliance.

c. Report to the immediate Director any applicable requirements within the listing that cannot be completed.

d. Annotate the checklist, by your organization, with one of the following responses:

In Compliance

Not Applicable

Action Required to Meet Compliance

The Directorate of Logistics, Plans, Operations and Maintenance Division, will contact your organization which indicates "action required to meet compliance". The Logistics Support Division will provide assistance in these particular areas to eliminate poor supply discipline throughout the installation. Repeat findings indicate poor supply discipline and must be eliminated. An active CSDP will ensure supply discipline and eliminate repeat discrepancies.