

Classification

REPORTS INVENTORY						CONTROL NO. DDS/OC-039	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Cryptographic Transfer/Destruction Report Form #111						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> COMMUNICATIONS	
4. NO. OF COPIES PREPARED 2-4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			OC-CS		
10. PREPARING COMPONENT (include lowest level contributing information to report) OC				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Feeder to OC-CS			
				STAT			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-12	7.73		15 min.		1.93		40 = 77.20
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
77.20							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Required by higher authority.							
MORI/CDF							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) STAT						<input type="checkbox"/> MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE						STAT	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY 10/1/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION F&R				18. EXTENSION OC	