

**SECRET**  
Classification

REPORTS INVENTORY						CONTROL NO. DDS/OF-187	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Account No. 1723, Material Earmarked for Shipment-- Open Items 90 Days						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Monthly			6. DISTRIBUTION (No. of components not number of copies)  1		
7. FORMAT (memorandum, form computer print-out, etc.) Machine Listing		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.			
		NO		Job: 212, Prog: A-5-N			
10. PREPARING COMPONENT (include lowest level contributing information to report)  Accounts				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
Pro rata share of review, analysis and distribution time.							\$ 104.84
B. COSTS OF COMPUTER PRODUCED REPORTS							
400 pgs. x 4 cys. = 1600 pgs. x 3¢ = \$48.00 x 12 times =							\$576.00
TOTAL COSTS PER YEAR							<del>XXXXXX</del> \$ 680.84
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.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS		<input type="checkbox"/> OTHER (explain)				MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						MORI/CDE	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

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