

REPORTS INVENTORY					CONTROL NO.					
PREPARE IN DUPLICATE					SD 101.23					
1. TITLE OF REPORT (if a fill-in report include Form No.) Supply Division Semi-Annual Significant Accomplishments Report					2. TYPE OF REPORT					
					<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING					
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)				
4. NO. OF COPIES PREPARED  1		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Semi-Annual		6. DISTRIBUTION (No. of components not number of copies)  1						
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT						
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.  Chief, Supply Division						
10. PREPARING COMPONENT (include lowest level contributing information to report) OL/SD/SMB/GMMS			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	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR	
GS-13	8.06		4		32.24		2		64.48	
B. COSTS OF COMPUTER PRODUCED REPORTS										
-TOTAL COSTS PER YEAR							64.48			
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 so as to provide a record of significant accomplishments for a six month activity period.										
14. FUTURE GOALS										
GOAL PROPOSED BY COMPONENT FOR THIS REPORT							ESTIMATED SAVINGS			
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)							MAN-HOURS		DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE										
16. DATE OF INVENTORY 5 Oct 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION - AC/OL/SD/SMB/GMMS					18. EXTENSION <input type="checkbox"/> STA			

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