

SD 102,71

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.) Activity Report		2. TYPE OF REPORT	
		<input checked="" type="checkbox"/>	STATISTICAL
			NARRATIVE
			MACHINE-NAME LISTING
3. FUNCTIONAL AREA	PERSONNEL	TRAINING	ADMIN. GENERAL
<input checked="" type="checkbox"/>	LOGISTICS	SECURITY	OTHER (specify)
	MEDICAL	FINANCE	
4. NO. OF COPIES PREPARED 2	5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly	6. DISTRIBUTION (No. of components not number of copies) OAMS - C/SMB	
7. FORMAT (memorandum, form computer print-out, etc) Form	8. ADP PROCESSING	9. DIRECTIVE AUTHORITY REQUIRING REPORT	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
10. PREPARING COMPONENT (include lowest level contributing information to report) OAMS		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-6	3.86		2/3 hr		2.58		12		30.96
GS-14	9.76		1/6 hr		1.63		12		19.56

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

50.52

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 as part of normal reporting of monthly/weekly activities

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 October 70	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, OAMS/SMB/SD/OL	18. EXTENSION
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