

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120064-4
REPORTS INVENTORY

DDS/OL/SD 15

XXXXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Inventory Analysis Report, []

2. TYPE OF REPORT

STATISTICAL

NARRATIVE

MACHINE-NAMED LISTING

STAT

3. FUNCTIONAL AREA

<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

3

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not number of copies)

3

7. FORMAT (memorandum, form computer print-out, etc)

Form

8. ADP PROCESSING

<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.
<input checked="" type="checkbox"/>	NO	

9. DIRECTIVE AUTHORITY REQUIRING REPORT

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-7	3.89		16		62.24		12		746.88

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

746.88

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 progressive record of dollar activity for each monthly segment.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

ESTIMATED SAVINGS

MAN-HOURS DOLLARS

STAT

16. DATE OF INVENTORY

5 Oct 70

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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- AC/OL/SD/SMB/GMMS

18. EXTENSION