

REPORTS INVENTORY						CONTROL NO. DDS/OL/SD 45 <del>XXXXXXXX</del>	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)  Intraoffice Issuances					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL	<input type="checkbox"/> NARRATIVE
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING		ADMIN. GENERAL	
		<input checked="" type="checkbox"/> LOGISTICS		SECURITY		OTHER (specify)	
		<input type="checkbox"/> MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
5		Annual			4		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	Logistics Instruction 5-1			
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)  OL/SD/Field Support Branch				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  List of issuances is maintained on a current basis.			
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
GS-5	\$3.15		2		\$ 6.30		1 \$ 6.30
GS-12	6.82		2		13.64		1 13.64
GS-14	9.44		1		9.44		1 9.44
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$29.38	
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.  Requirement established by the above Logistics Instruction, September 1967 for the Director of Logistics.							
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	STA
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
9 October 70		Chief, Field Support Branch/SD/OL					