ABSTRACT OF VENDOR DELIVERIES

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

VENDOR	MONTH/YEAR	Page _____ of _____ Pages

ITEM	CUST-OMER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

VENDOR	MONTH/YEAR	Page _____ of _____ Pages

ITEM	CUST-OMER	20	21	22	23	24	25	26	27	28	29	30	31	Total Quan-tity	UI	Cost Price	Total Cost Price	Standard Price	Total Standard Price
																TOTALS			
																	VOUCHER NUMBER		