AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see AR 710-2-1, the proponent agency is DCSLOG

UNIT					RANGE AND LOCATION		
DOCUMENT NO.			DATE				
		T					
ITEM	DODIC	NOMEN	CLATURE		LOT NUMBER	QUANTITY CONSUMED	
			CERTIFYING OFFI	ICIAL			
I certify that	at I saw the ab	ove items consumed du	ıring training or	n (indicate	e date)	DATE	
NAME (Typed or Printed)		SIGNATUF	SIGNATURE				
UNIT		POSITION	POSITION				