INVENTORY RECORD

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

1. PAGE ________ OF ________

2. ORGANIZATION	3. MONTH	4. YEAR

5. ITEM	6. UNIT	7. UNIT PRICE	8. LAST DAY	
			QTY	VALUE
			9. **SHEET TOTAL**	