FROM: For use of this form, see AR 710-4. The proponent agency is DCS, G-4.				TO:							H.	HAND RECEIPT IDENTIFIER					
Complete this Row for Shortage Listing or CHR		IMBER	R END ITEM DESCRIPTION PUB			JBLICATION NUMBER PUBL						PUBLICATION DATE			QUANTITY		
ITEM NO.	MATERIAL NUMBER	ITEM DESCRIPTION ARC CIIC				CIIC	UI	QTY AUTH	h. QL	JANTI	ΓΥ						
a.	b.		C.			d.	e.	f.	g.	Α	В	С	D	Е	F		
TUIC	CODM IS ONLY LISED WITH HANDWIDTE		ES EOD MI II TIDI E INIVENTODIES BY A	N INDIVIDUAL		IDI E DI	- DSONS										

ITEM NO. a.	MATERIAL NUMBER	ITEM DESCRIPTION	ARC	CIIC	UI	QTY AUTH g.	DTY h. QUANTITY						
a.	b.	C.	d.	e.	f.	g.	Α	В	С	D	Е	F	