COMSEC MATERIAL REPORT

This is FOR OFFICIAL USE ONLY unless otherwise stamped.

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| 1. *(x one)*  TRANSFER INVENTORY |  | DESTRUCTION | | | |  | HAND RECEIPT OTHER *(Specify)* | | | | | | | | | | |
| 2. ACCT. NO.  **F R O M** | | | | | | | | 3. DATE OF REPORT  *(Year, Month, Day)* | | | 4. OUTGOING NUMBER | | | | | | |
| 5. DATE OF TRANSACTION  *(Year, Month, Day)* | | | 6. IN | COMING | | | NUMBER | | |
| 7. ACCT. NO.  **T O** | | | | | | | | 1. ACCOUNTING LEGEND CODES\* 1 - Accountable by serial number. 2 - Accountable by quality    1. - Initial receipt required, locally accountable by serial number   thereafter, local accounting records must be maintained for a minimum of 90 days after suppression.   * 1. - Initial receipt required, may be controlled in accordance with Service/ Agency directives. | | | | | | | | | |
| 9.  SHORT TITLE/DESIGNATOR - EDITION | | | | | 10.  QUANTITY | | 11. ACCOUNTING NUMBERS | | | | 12.\* ALC | | 13. | | REMARKS | |  |
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| 14. THE MATERIAL HERON HAS BEEN *(X one)* ► | |  | RECEIVED | | |  | INVENTORIED | |  | DESTROYED |  | | | | | | |
| 15. AUTHORIZED RECIPIENT | | | | | | 16*. (X one)*~~►~~ | | |  | WITNESS | |  | | OTHER *(Specify)* | | | |
| a. Signature | | | | b. Grade | | a. Signature | | | | | | | | | | b. Grade | |
| c. Typed or Stamped Name | | | | d. Service | | c. Typed or Stamped Name | | | | | | | | | | d. Service | |
| 17. FOR DEPARTMENT OR AGENCY USE |  |  |  |  | |  |  |  |  |  |  | Page | | | of | | Pages |

Previous editions are obsolete.

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STANDARD FORM 153 (Rev. 9-88)

Prescribed by NASCSI - 4005

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