COMSEC MATERIAL REPORT

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. *(x one)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | *TRANSFER* | X | *INVENTORY* |  | *DESTRUCTION* | | |  | *HAND RECEIPT* | | | | |  | *OTHER (*Specify*)* | | | | |  | | | |
| 2. |  | | | | | | | | | ACCT. NO. | | 3. DATE OF REPORT  *(Year, Month, Day)* | | | | | | 4. OUTGOING NUMBER | | | | | |
|  | | | | | |  | | | | | |
| **F R O M** | This is the from field | | | | | | | | | | | 5. DATE OF TRANSACTION  *(Year, Month, Day)* | | | | | | 6. IN COMING NUMBER | | | | | |
|  | | | | | |  | | | | | |
| 7. ACCT. NO. |  | | | | | | | | | ACCT. NO. | | 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. | | | | | | | | | | | |
| **T O** |  | | | | | | | | | | |
| 9.  SHORT TITLE/DESIGNATOR - EDITION | | | | | | | | 10. QUANTITY | | 11. ACCOUNTING NUMBERS | | | | | | | | 12.\* ALC | | 13. REMARKS | | | |
| BEGINNING | | | | | ENDING | | |
| 1 {#9.1} | | | | | | | | {#10.1} | | {#1.B.1} | | | | | {#1.E.1} | | | {#12.1} | | {#13.1} | | | |
| 2 {#9.2} | | | | | | | | {#10.2} | | {#1.B.1} | | | | | {#1.E.2} | | | {#12.2} | | {#13.2} | | | |
| 3 {#9.3} | | | | | | | | {#10.3} | | {#1.B.1} | | | | | {#1.E.3} | | | {#12.3} | | {#13.3} | | | |
| 4 {#9.4} | | | | | | | | {#10.4} | | {#1.B.1} | | | | | {#1.E.4} | | | {#12.4} | | {#13.4} | | | |
| 5 {#9.5} | | | | | | | | {#10.5} | | {#1.B.1} | | | | | {#1.E.5} | | | {#12.5} | | {#13.5} | | | |
| 6 {#9.6} | | | | | | | | {#10.6} | | {#1.B.1} | | | | | {#1.E.6} | | | {#12.6} | | {#13.6} | | | |
| 7 {#9.7} | | | | | | | | {#10.7} | | {#1.B.1} | | | | | {#1.E.7} | | | {#12.7} | | {#13.7} | | | |
| 8 {#9.8} | | | | | | | | {#10.8} | | {#1.B.1} | | | | | {#1.E.8} | | | {#12.8} | | {#13.8} | | | |
| 9 {#9.9} | | | | | | | | {#10.9} | | {#1.B.1} | | | | | {#1.E.9} | | | {#12.9} | | {#13.9} | | | |
| 10 {#9.10} | | | | | | | | {#10.10} | | {#1.B.1} | | | | | {#1.E.10} | | | {#12.10} | | {#13.10} | | | |
| 11 {#9.11} | | | | | | | | {#10.11} | | {#1.B.1} | | | | | {#1.E.11} | | | {#12.11} | | {#13.11} | | | |
| 12 {#9.12} | | | | | | | | {#10.12} | | {#1.B.1} | | | | | {#1.E.12} | | | {#12.12} | | {#13.12} | | | |
| 13 {#9.13} | | | | | | | | {#10.13} | | {#1.B.1} | | | | | {#1.E.13} | | | {#12.13} | | {#13.13} | | | |
| 14 {#9.14} | | | | | | | | {#10.14} | | {#1.B.1} | | | | | {#1.E.14} | | | {#12.14} | | {#13.14} | | | |
| 15 {#9.15} | | | | | | | | {#10.15} | | {#1.B.1} | | | | | {#1.E.15} | | | {#12.15} | | {#13.15} | | | |
| 16 {#9.16} | | | | | | | | {#10.16} | | {#1.B.1} | | | | | {#1.E.16} | | | {#12.16} | | {#13.16} | | | |
| 17 {#9.17} | | | | | | | | {#10.17} | | {#1.B.1} | | | | | {#1.E.17} | | | {#12.17} | | {#13.17} | | | |
| 18 {#9.18} | | | | | | | | {#10.18} | | {#1.B.1} | | | | | {#1.E.18} | | | {#12.18} | | {#13.18} | | | |
| 19 {#9.19} | | | | | | | | {#10.19} | | {#1.B.1} | | | | | {#1.E.19} | | | {#12.19} | | {#13.19} | | | |
| 20 {#9.20} | | | | | | | | {#10.20} | | {#1.B.1} | | | | | {#1.E.20} | | | {#12.20} | | {#13.20} | | | |
| 21 {#9.21} | | | | | | | | {#10.21} | | {#1.B.1} | | | | | {#1.E.21} | | | {#12.21} | | {#13.21} | | | |
| 22 {#9.22} | | | | | | | | {#10.22} | | {#1.B.1} | | | | | {#1.E.22} | | | {#12.22} | | {#13.22} | | | |
| 23 {#9.23} | | | | | | | | {#10.23} | | {#1.B.1} | | | | | {#1.E.23} | | | {#12.23} | | {#13.23} | | | |
| 24 {#9.24} | | | | | | | | {#10.24} | | {#1.B.1} | | | | | {#1.E.24} | | | {#12.24} | | {#13.24} | | | |
| 25 {#9.25} | | | | | | | | {#10.25} | | {#1.B.1} | | | | | {#1.E.25} | | | {#12.25} | | {#13.25} | | | |
| 26 {#9.26} | | | | | | | | {#10.26} | | {#1.B.1} | | | | | {#1.E.26} | | | {#12.26} | | {#13.26} | | | |
| 27 {#9.27} | | | | | | | | {#10.27} | | {#1.B.1} | | | | | {#1.E.27} | | | {#12.27} | | {#13.27} | | | |
| 28 {#9.28} | | | | | | | | {#10.28} | | {#1.B.1} | | | | | {#1.E.28} | | | {#12.28} | | {#13.28} | | | |
| 29 {#9.29} | | | | | | | | {#10.29} | | {#1.B.1} | | | | | {#1.E.29} | | | {#12.29} | | {#13.29} | | | |
| 30 {#9.30} | | | | | | | | {#10.30} | | {#1.B.1} | | | | | {#1.E.30} | | | {#12.30} | | {#13.30} | | | |
| 31 {#9.31} | | | | | | | | {#10.31} | | {#1.B.1} | | | | | {#1.E.31} | | | {#12.31} | | {#13.31} | | | |
| 32 {#9.32} | | | | | | | | {#10.32} | | {#1.B.1} | | | | | {#1.E.32} | | | {#12.32} | | {#13.32} | | | |
| 33 {#9.33} | | | | | | | | {#10.33} | | {#1.B.1} | | | | | {#1.E.33} | | | {#12.33} | | {#13.33} | | | |
| 34 {#9.34} | | | | | | | | {#10.34} | | {#1.B.1} | | | | | {#1.E.34} | | | {#12.34} | | {#13.34} | | | |
| 14. THE MATERIAL HERON HAS BEEN *(X one)* ► | | | | | | {#14.1} | RECEIVED | | | {#14.2} | INVENTORIED | | | | {#14.3} | DESTROYED | | | | | | | |
| 15. AUTHORIZED RECIPIENT | | | | | | | | | | *16.* (X one) ► | | | *{#16.1}* | | *WITNESS* | | *{#16.2}* | | *OTHER (Specify)* | | | *{#16.OTHER}* | |
| a. Signature | | | | | | | | b. Grade | | a. Signature | | | | | | | | | | | | | b. Grade |
| {#15.A} | | | | | | | | {#15.B} | | {#16.A} | | | | | | | | | | | | | {#16.B} |
| c. Typed or Stamped Name | | | | | | | | d. Service | | c. Typed or Stamped Name | | | | | | | | | | | | | d. Service |
| {#15.C} | | | | | | | | {#15.D} | | {#16.C} | | | | | | | | | | | | | {#16.D} |
| 17. FOR DEPARTMENT OR AGENCY USE | | | | | | | | | | | | | | | | | | | | | Page 1 of 2023 Pages | | |
| {#17} | | | | | | | | | | | | | | | | | | | | |

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Prescribed by NASCSI - 4005

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