

AMMUNITION STORES SLIP

For use of this form, see DA PAM 710-2-2; the proponent agency is DCSLOG

AUTHORITY

DATE

FROM

NAME OF ACTIVITY

TO

VEHICLE NO.

RECEIPT

ISSUE

OTHER (*Specify*)

TURN-IN

DRIVER

NSN DODIC NOMENCLATURE

LOT NO.

ACC

LOCATION

PLTS

TOTAL

INIT

FROM

TO

BXS

ROUNDS

REMARKS

DATE

SIGNATURE OF ISSUING CHECKER

DATE

SIGNATURE OF ISSUING CHECKER