AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see AR 710-2-1, the proponent agency is DCSLOG

UNIT		RANGE AND LOCATION
DOCUMENT NO.	DATE	

ITEM	DODIC	NOMENCLATURE	LOT NUMBER	QUANTITY CONSUMED

CERTIFYING OFFICIAL

I certify that I saw the above items consumed during training on *(indicate date)* → DATE

NAME *(Typed or Printed)*	SIGNATURE
UNIT	POSITION