

REPORTS INVENTORY	CONTROL NO. DDS/OF-016
--------------------------	---------------------------

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.) Advances to Other U.S. Government Agencies - Appropriation Expended and Unexpended	2. TYPE OF REPORT
---	-------------------

3. FUNCTIONAL AREA	2. TYPE OF REPORT												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PERSONNEL</td> <td>TRAINING</td> <td>ADMIN. GENERAL</td> </tr> <tr> <td>LOGISTICS</td> <td>SECURITY</td> <td>OTHER (specify)</td> </tr> <tr> <td>MEDICAL</td> <td><input checked="" type="checkbox"/> FINANCE</td> <td></td> </tr> </table>	PERSONNEL	TRAINING	ADMIN. GENERAL	LOGISTICS	SECURITY	OTHER (specify)	MEDICAL	<input checked="" type="checkbox"/> FINANCE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> STATISTICAL</td> </tr> <tr> <td><input type="checkbox"/> NARRATIVE</td> </tr> <tr> <td><input type="checkbox"/> MACHINE-NAME LISTING</td> </tr> </table>	<input checked="" type="checkbox"/> STATISTICAL	<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> MACHINE-NAME LISTING
PERSONNEL	TRAINING	ADMIN. GENERAL											
LOGISTICS	SECURITY	OTHER (specify)											
MEDICAL	<input checked="" type="checkbox"/> FINANCE												
<input checked="" type="checkbox"/> STATISTICAL													
<input type="checkbox"/> NARRATIVE													
<input type="checkbox"/> MACHINE-NAME LISTING													

4. NO. OF COPIES PREPARED 5	5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly	6. DISTRIBUTION (No. of components not number of copies) 4
--------------------------------	--	---

7. FORMAT (memorandum, form computer print-out, etc) Analytical Format	8. ADP PROCESSING	9. DIRECTIVE AUTHORITY REQUIRING REPORT OFI No. 25				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>	YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		
YES	IF YES GIVE ADP PROCESSING NO.					
<input checked="" type="checkbox"/> NO						

10. PREPARING COMPONENT (include lowest level contributing information to report) S&AS, Accounts Div.	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) ADP Subsidiary Listings - Accounts 1461 and 1465
--	---

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-11	\$7.06		20	\$141.20		4 \$564.80
GS-04	2.81		3	8.43		4 33.72
						\$598.52

B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$ 598.52

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Analysis attached to monthly Financial Report (Machine Listing)

14. FUTURE GOALS			
GOAL PROPOSED BY COMPONENT FOR THIS REPORT			ESTIMATED SAVINGS
			MAN-HOURS
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)		
<input type="checkbox"/> CHANGE			
<input type="checkbox"/> DISCONTINUE			

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100019-6	18. EXTENSION
-----------------------	---	---------------