

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120175-1

DDS/OL/SD-117

REPORTS INVENTORY

XXXXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)  
Manufacturers Name Cross Reference to Federal Supply Code for Manufacturers (FSCM)

2. TYPE OF REPORT  
 STATISTICAL  
 NARRATIVE  
 MACHINE-NAME LISTING

3. FUNCTIONAL AREA  
 PERSONNEL  
 LOGISTICS  
 MEDICAL  
 TRAINING  
 SECURITY  
 FINANCE

ADMIN. GENERAL  
OTHER (specify)

4. NO. OF COPIES PREPARED: 1  
5. FREQUENCY: (weekly, monthly, quarterly, etc.)  
Annual

6. DISTRIBUTION (No. of components not number of copies)  
1

7. FORMAT (memorandum, form, computer print-out, etc.)  
Computer Print-Out  
8. ADP PROCESSING  
 YES  
 NO  
IF YES GIVE ADP PROCESSING NO. 417

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)  
OCS, OL/SD/SMB/GMMS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-10	5.23		1		5.23		1		5.23

B. COSTS OF COMPUTER PRODUCED REPORTS

					3.15		1		3.15
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TOTAL COSTS PER YEAR

8.38

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.

This information is required as a basic reference tool and is a part of the Agency catalog data.

14. FUTURE GOALS

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

16. DATE OF INVENTORY

5 Oct 1975

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

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FORM 9-70

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Classification

(22-26-12)