

REPORTS INVENTORY				CONTROL NO. DDS/OL/PMS-1	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (if a fill-in report include Form No.) #1 - Institutional Contracts				2. TYPE OF REPORT	
				<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	
<input checked="" type="checkbox"/>		LOGISTICS		SECURITY	
		MEDICAL		FINANCE	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) twice yearly		6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form computer print-out, etc) computer print-out		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO 24205		see 13	
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS - OL/PMS SA-D/L			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
9	5.38	2	10.76	2	21.52

B. COSTS OF COMPUTER PRODUCED REPORTS

no.pgs	no.cys	per pg	2	4.32
36	2	.03	2	4.32

TOTAL COSTS PER YEAR

25.84

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.

Memo dated 22 Nov 1967 from D/L to D/OCS

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			
<input type="checkbox"/> DISCONTINUE			STAT

16. DATE OF INVENTORY 8 Oct. 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Procurement Assistant	18. EXTENSION
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