

<b>REPORTS INVENTORY</b>	CONTROL NO. DDS/OL/PMS-2
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PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)  
#2 - Not Returned by Contractor

2. TYPE OF REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

<input checked="" type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING	ADMIN. GENERAL OTHER (specify)
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY	
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE	

4. NO. OF COPIES PREPARED: 2

5. FREQUENCY (weekly, monthly, quarterly, etc.): twice monthly

6. DISTRIBUTION (No. of components not number of copies): 10

7. FORMAT (memorandum, form computer print-out, etc): computer print-out

8. ADP PROCESSING

<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.
<input type="checkbox"/>	NO	24205

9. DIRECTIVE AUTHORITY REQUIRING REPORT: see 13

10. PREPARING COMPONENT (include lowest level contributing information to report):  
OCS - PD/CAS, CSS, R&D, ICS, GP;  
[ ] DD/P/CMG; DD/S&T/  
OEL, ORD; DD/I/NPIC

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	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR
<u>DISTRIBUTION ONLY:</u>									
9	5.38		.25	=	1.34		24	=	32.16

**B. COSTS OF COMPUTER PRODUCED REPORTS**

no.pgs	no.cys	per pg	TIMES PREPARED	COST PER YEAR
35	2	.03	24	50.40
<b>TOTAL COSTS PER YEAR</b>				82.56

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.

D/L memo dated 22 Nov 1967 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	

16. DATE OF INVENTORY: 8 Oct. 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION: Procurement Assistant

18. EXTENSION: [ ]