

REPORTS INVENTORY						CONTROL NO.			
PREPARE IN DUPLICATE						DDS/OL/PMS-8			
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT				
# 12 - Security Classification					<input checked="" type="checkbox"/> STATISTICAL				
					<input type="checkbox"/> NARRATIVE				
					<input type="checkbox"/> MACHINE-NAME LISTING				
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL			
<input checked="" type="checkbox"/> LOGISTICS				SECURITY		OTHER (specify)			
		MEDICAL		FINANCE					
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)				
6		quarterly			3				
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT				
computer print-out		<input checked="" type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.		see 13			
		<input type="checkbox"/> NO		24205					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
OCS - OL/PMS, <input type="checkbox"/> OL/SS									
<b>12. COST FACTORS</b>									
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>									
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	.50	=	2.69	4	=	10.76		
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>									
	no.pgs 1350	no.cys 6		per pg .03	4		972.00		
<b>TOTAL COSTS PER YEAR</b>						982.76			
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									
<b>14. FUTURE GOALS</b>									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS			
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) Reduce no. copies to 5 ea						<del>MAN-HOURS</del>			
						<input type="checkbox"/> CHANGE		DOLLARS	
						<input type="checkbox"/> DISCONTINUE		172.76	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION			
8 Oct. 1970		Procurement Assistant				<input type="checkbox"/>			

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