Administrative Internal Use Only

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REPORTS INVENTORY												CONTROL NO.				
PREPARE IN QUPLICATE												(RAD-5)				
<pre>I. TITLE OF REPORT (if a fill-in report include Form No.)</pre>												X	STATIS	TICAL		
Reports of CIARDS and CSC Retirements													NARRAT	IVE		
											REPORT		MACHIN	E-NAME	LISTING	
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3. FUNCTIONAL AREA			LOGISTICS MEDICAL			SECURITY FINANCE			ļ	OTHER (s	peci	fy)				
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20				Monthly							12					
7. FORMAT (memorandum, form			8. A	ADP PROCESSING		9. DIRECT				RECTI	IVE AUTHORITY REQUIRING REPORT					
computer print-out, et		etc)			GIVE	VE ADP PROCESSING NO.			•							
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10. PREPARING COMPONENT (include lowest level contributing information to report)  II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necess														e,		
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A. MANUAL PREPARATION AND REVIEW COSTS																
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13. COMPLETE DET	AILED JUS	TIFIC	CATI	ON FOR THIS REP	ORT	(in addit	Ion	to dire	ctive o	rau	thority ci	ted i	n item	9). 11	F KNOWN,	
INCLUDE DATE	KEPORT W	AS F	IRST	STARTED AND CO	MPON	ENT WHO E	STAB	LISHED	REQUIRE	MENT	•				•	