

AMMUNITION STORES SLIP

For use of this form, see DA PAM 700-16; the proponent agency is DCS, G-4.

AUTHORITY

DATE

FROM

NAME OF ACTIVITY

TO

VEHICLE NO.

RECEIPT

ISSUE

TURN-IN

OTHER (Specify)

DRIVER

NSN DODIC NOMENCLATURE	LOT NO.	ACC	LOCATION		PLTS DXS	TOTAL ROUNDS	INIT
			FROM	TO			

REMARKS

DATE	SIGNATURE OF ISSUING CHECKER	DATE	SIGNATURE OF RECEIVING CHECKER
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