

AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see AR 710-2-1, the proponent agency is DCS, G-4.

UNIT


RANGE AND LOCATION

DOCUMENT NO.

DATE

ITEM	DODIC	NOMENCLATURE	LOT NUMBER	QUANTITY CONSUMED

CERTIFYING OFFICIAL

I certify that I saw the above items consumed during training on *(indicate date)*  **DATE**

NAME *(Typed or Printed)*

SIGNATURE

UNIT

POSITION