REQUEST FOR ISSUE OR TURN-IN
(DA PAM 710-2-1)

X ISSUE / TURN-IN	SHEET NO. 1	NO. SHEETS 1	1. REQUEST NO. 123 AB		2. VOUCHER NO.
3. SEND TO: Medical	4. DATE MATERIAL REQUIRED (YYYYMMDD) 2011/11/11		5. DODAAC	6. PRIORITY 13	7. ACCOUNTING/FUNDING DATA
8. REQUEST FROM:	9. END ITEM IDENT		9a. NAME/MANUFACTURER	9b. MODEL	9c. SERIAL NO.
* CODE ISSUE: I-Initial, R-Replacement; TURN-IN: FWT-Fair Wear And Tear, RS-Report of Survey, EX-Excess, SC-Stmt of Charges, LT-Lateral Transfer			10. PUBLICATION		11. JOB ORDER NO.

12. ITEM NO. a	STOCK NO. b	ITEM DESCRIPTION. c	UNIT OF ISSUE d	QUANTITY e	CODE* f	SUPPLY ACTION g	UNIT PRICE h	TOTAL COST i	j. POSTED DATE (YYYYMMDD)	BY

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