ADDITIONAL ORGANIZATIONAL CLOTHING AND INDIVIDUAL EQUIPMENT RECORD

For use of this form, see DA PAM 710-2-1. The proponent agency is USAQMS.

NAME *(Last, First, MI)* **AND SOCIAL SECURITY NUMBER**

DUTY MOS

INSTRUCTIONS: *Overprinting is authorized. Entries in ink (MOS - pencil, Auth Alw - pencil or ink). Enter authorized allowance for each item. Enter the item description of issued items in the Clothing and Equipment block. Enter quantity of each item possessed by individual. Advance* ***ALL*** *totals to next column on any item changes. Individual's signature and date required on reverse side.*

CLOTHING AND EQUIPMENT	AUTH ALW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

CLOTHING AND EQUIPMENT	AUTH ALW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21