

ADP PRODUCT REVIEW EVALUATION

For use of this form, see AR 335-15; the proponent agency is OACSIM.

*REQUIREMENT CONTROL
SYMBOL CSIM-18*

1. THRU <i>(Agency MICLO)</i> <i>(Include Zip Code)</i>		2. TO <i>(MICO with jurisdiction)</i> <i>(Include Zip Code)</i>		3. FROM <i>(Include Zip Code)</i>	
4. ADP SYSTEM NAME			5. REVIEW PERIOD <i>(Quarter and FY)</i>		
6. TOTAL NUMBER OF RECURRING ADP PRODUCTS REVIEWED					
7. TOTAL COST OF RECURRING PRODUCTS <i>(in dollars)</i>					
8. NUMBER OF PRODUCTS ELIMINATED					
9. COST SAVINGS THAT RESULTED					
10. NUMBER OF PRODUCTS REVISED					
11. COST SAVINGS RESULTING FROM REVISIONS					
12. TOTAL SYSTEM COST SAVINGS FOR REVIEW QUARTER					
13. REMARKS					
14. ACTION OFFICER <i>(Name and signature)</i>			a. TITLE	b. TELEPHONE NUMBER	c. DATE <i>(YYMMDD)</i>