MONTHLY INVENTORY (Weapons/Ammunition/Sensitive Items)			Page of Pages		
			Unit Name:		Month:
Item No.	**NSN/DODIC & Nomenclature**	**Serial or Lot No.**	**Item No.**	**NSN/DODIC & Nomenclature**	**Serial or Lot No.**
The inventory for the above was conducted on _____ IAW AR 190-11 and AR 710-2. (Date)					
Typed Name, Grade, Title:			Signature:		Date:

CC FORM 195-R, OCT 02