AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see DA PAM 700-16; the proponent agency is DCS, G-4.

UNIT		RANGE AND LOCATION
DOCUMENT NO.	DATE *(YYYYMMDD)*:	

ITEM	DODIC	NOMENCLATURE	LOT NUMBER	QUANTITY CONSUMED

CERTIFYING OFFICIAL

I certify that I saw the above items consumed during training on *(indicate date)* →	DATE *(YYYYMMDD)*:
NAME *(Typed or Printed)*	SIGNATURE
UNIT	POSITION