MONTHLY INVENTORY RECAP SHEET for DA FORM 3234

For use of this form see DA PAM 30-22, the proponent agency is DCS, G4.

1. UNIT	2. DATE *(YYYYMMDD)*

3. **PAGE of PAGES**	4. **TOTAL**
1 of _____	$ _____
2 of _____	$ _____
3 of _____	$ _____
4 of _____	$ _____
5 of _____	$ _____
6 of _____	$ _____
7 of _____	$ _____
8 of _____	$ _____
9 of _____	$ _____
10 of _____	$ _____
11 of _____	$ _____
12 of _____	$ _____
13 of _____	$ _____
14 of _____	$ _____
15 of _____	$ _____
16 of _____	$ _____
5. **GRAND TOTAL**	$ _____

6. REMARKS

7. FOS SIGNATURE	8a. FSO/DESIGNATED INDIVIDUAL SIGNATURE	8b. RANK