

ABSTRACT OF VENDOR DELIVERIES
For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

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VENDOR	MONTH/YEAR	Page _____ of _____ Pages
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VENDOR								MONTH/YEAR						Page _____ of _____ Pages					
ITEM	CUST-OMER	20	21	22	23	24	25	26	27	28	29	30	31	Total Quan-tity	UI	Cost Price	Total Cost Price	Standard Price	Total Standard Price
TOTALS																			
																	VOUCHER NUMBER		