


REQUISITION FOR PUBLICATIONS AND BLANK FORMS <small>For use of this form, see DA PAM 25-38; the proponent agency is CIO.</small>				PAGE <u>1</u> OF <u>1</u> PAGES		DATE OF REQUISITION 20240228		REQUISITION NUMBER <i>(Assigned by Supply Source)</i>		
NAME OF REQUISITIONING AGENCY IF DIFFERENT FROM "SHIP TO" ADDRESS HR SERVICES BRANCH, AWARDS, G1						ACCOUNT NO.				
1. TYPE OF REQUISITION <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL		2. JUSTIFICATION FOR SPECIAL REQUISITION						3. REQUIRED DATE <i>(Use Julian date)</i> 20240502		
4. ITEMS REQUESTED HEREON ARE <input type="checkbox"/> CUI <input checked="" type="checkbox"/> ACCOUNTABLE <input type="checkbox"/> ACT ARMY <input checked="" type="checkbox"/> ARNG <input type="checkbox"/> USAR <input type="checkbox"/> ROTC <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> SBU <input type="checkbox"/> SCHOOL REQUIREMENT										
5. LEAVE BLANK TO: <i>(Include ZIP Code)</i>					6. SHIP TO: <i>(Complete address, include ZIP Code)</i> G1 AWARDS 1000 HALSEY AVENUE BLDG 447 MARIETTA, GA 30096					
7. REQUIREMENTS					9. SUPPLY ACTION BY SOURCE					
LINE NO.	NUMERICAL DESIGNATION OF REQUISITIONED ITEM	UNIT <i>(Forms only)</i>	QUANTITY REQUIRED	S H I P	D O	SPECIAL ACTION <i>(See reverse side for explanation of symbols used)</i>				
<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>				
1	MSM CERTIFICATES		2 PKTS	<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
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				<input type="checkbox"/>	<input type="checkbox"/>					
8. TYPED NAME AND GRADE OF COMMANDING OFFICER, ADJUTANT, PUBLICATIONS OR PROPERTY OFFICER. CPT SILVA, ANDREW - HR SERVICES BRANCH CHIEF					10. SHIPPED BY <input type="checkbox"/> MAIL <input type="checkbox"/> AIRMAIL <input type="checkbox"/> REGISTERED MAIL <input checked="" type="checkbox"/> OTHER <i>(Specify):</i> PICK UP					
SIGNATURE  SGT Numa Vergara-G					11. CARTONS <i>(Number)</i>		12. BOXES <i>(Number)</i>		13. WEIGHT	14. DATE SHIPPED
					15. B L OR REGISTRY NUMBER(S)					
16a. EDITED BY		b. DATE		17a. FILLED BY		b. DATE				
THIS FORM IS FOR LOCAL USE ONLY.										