MANAGEMENT INFORMATION REQUIREMENT AND ADP PRODUCT REVIEW SCHEDULE

For use of this form, see AR 335-15; the proponent agency is ODISC4

1. TO (Include ZIP Code)

2. PERIOD COVERED

3. REQUIREMENT CONTROL SYMBOL (RCS) OR PRODUCT CONTROL SYMBOL (PCN)	4. REVIEW MONTH												5. REVIEW STATUS AND COMMENTS
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	