REPORT OF SURVEY REGISTER For use of this form, see AR 735-11; the proponent agency is DCSLOG	NAME OF ACTIVITY	LOCATION	PAGE NO.

SURVEY NUMBER	DOCUMENT NUMBER	ORIGINATOR *(Accountable officer, or primary hand receipt holder)*	DATE SURVEY PREPARED	DATE APPROVED	TOTAL PROCESSING TIME	PECUNIARY CHARGE [1]			Collection or Appeal Status
						ACTUAL LOSS	AMOUNT CHARGED	LOSS TO GOVERNMENT	

[1] *Enter the amount in blocks 38a, b, c, DA Form 4697.*

SERIAL NO.										PAGE NO.