AMMUNITION CONSUMPTION CERTIFICATE

For use of this form, see DA PAM 700-16; the proponent agency is DCS, G-4.

UNIT		RANGE AND LOCATION
DOCUMENT NO.	DATE *(YYYYMMDD)*	

ITEM	DODIC	NOMENCLATURE	LOT NUMBER	QUANTITY CONSUMED

I certify that I saw the above items consumed during training on *(indicate date)* → DATE *(YYYYMMDD)*:

NAME *(Typed or Printed)*	POSITION	
UNIT	SIGNATURE	DATE *(YYYYMMDD)*

CERTIFYING OFFICIAL

NAME OF OFFICIAL *(Typed or Printed)*	POSITION	SIGNATURE	DATE *(YYYYMMDD)*