# AMMUNITION STORES SLIP

For use of this form, see DA PAM 710-2-2; the proponent agency is DCS, G-4.

| AUTHORITY | DATE |
|---|---|
| | |

**FROM**

**NAME OF ACTIVITY**

**TO**

**VEHICLE NO.**

RECEIPT ☐  ISSUE ☐  OTHER *(Specify)* ☐ TURN-IN

**DRIVER**

| NSN DODIC NOMENCLATURE | LOT NO. | ACC | LOCATION | | PLTS / DXS | TOTAL ROUNDS | INIT |
|---|---|---|---|---|---|---|---|
| | | | FROM | TO | | | |
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**REMARKS**

| DATE | SIGNATURE OF ISSUING CHECKER | DATE | SIGNATURE OF ISSUING CHECKER |
|---|---|---|---|
| | | | |

**DA FORM 3151-R, APR 1976**  REPLACES DA FORM 3151, 1 JUL 66 WHICH MAY BE USED UNTIL EXHAUSTED  APD LC v1.01ES