Prescribed by: DoD 4140.25-M

MISSILE PROPELLANTS CONSOLIDATION AND REPORTING OF SALES

1. DFSP NAME/DODAAC *(Name and address of activity reporting the sale)*	2. SHIPPED TO *(Name and address of activity receiving the product for no charge)*	3. PERIOD OF REPORT *(YYYYMMDD)*	
		a. FROM	b. TO
		4. CONTROL NUMBER	

5. USAGE *(Indicate customer identification code number, program, project)*

6. PROPELLANTS SHIPPED

a. NSN AND NOMENCLATURE	b. UNIT OF ISSUE	c. QUANTITY SHIPPED	d. QUANTITY RETURNED	e. REMARKS

7. CERTIFICATION	a. TYPED NAME *(Last, First, Middle Initial)*	b. TITLE	c. SIGNATURE
I certify that the issues/sales were authorized and are properly documented.			

Print Email Reset