APPENDIX 8: DA FORM 3161, TURN-IN OF EXPIRED MATERIEL

INSTRUCTIONS FOR COMPLETING DA FORM 3161:

1. PUT AN “X” IN THE TURN-IN BOX
2. TYPE IN, “IMSA, FORT RILEY, KS 66442”
3. UNIT NAME
4. TYPE IN “EXCESS MATERIEL”
5. UNIT DODAAC
6. DOCUMENT NUMBERS USED
7. DOCUMENT NUMBER
8. NSN
9. NOMENCLATURE, MANUFACTURER, LOT NUMBER, AND EXPIRATION DATE
10. UNIT OF ISSUE
11. QUANTITY TURNED IN
12. WRITE IN THE DESTRUCTION CODE
13. UNIT PRICE
14. EXTENDED PRICE
15. SHEET TOTAL
16. GRAND TOTAL
17. DATE OF TURN-IN
18. SIGNATURE OF PERSON MAKING THE TURN-IN

NOTE: WRITE IN “NOTHING FOLLOWS” UNDER THE LAST ENTRY

REQUEST FOR ISSUE OR TURN-IN (1)
(DA PAM 710-2-1)

ISSUE / X TURN-IN	SHEET NO. 1	NO. SHEETS	3. REQUEST NO.
4. VOUCHER NO. 1129-D001 thru D002 (6)			

1. SEND TO: IMSA, FORT RILEY, KS 66442 (2)	5. DATE MATERIAL REQUIRED	6. DODAAC W90XXX (5)	7. PRIORITY
8. ACCOUNTING/FUNDING DATA			

2. REQUEST FROM: X COMPANY, X BATTALION (3)	9. END ITEM IDENT EXPIRED MEDS (4)	9a. NAME/MANUFACTURER	9b. MODEL
9c. SERIAL NO.			

* CODE	ISSUE: I-Initial, R-Replacement	TURN-IN: FWT-Fair Wear And Tear, RS-Report of Survey	EX-Excess, SC-Stmt of Charges
10. PUBLICATION	11. JOB ORDER NO.		

12. ITEM NO. a (7)	STOCK NO. b (8)	ITEM DESCRIPTION c (9)	UNIT OF ISSUE d (10)	QUANTITY e (11)	CODE* f (12)	SUPPLY ACTION g	UNIT PRICE h (13)	TOTAL COST i (14)	j. POSTED DATE	j. POSTED BY
1129 D001	6505-01-277-3914	MAALOX	PG	4	AC01		12.50	50.00		
		MFG: NOVARTIS CONSUMER HEALTH INC.								
		LOT: 302190 EXP: 12/00								
1129 D002	6505-01-354-8581	BIAXIN 500MG	BT	4	AC01		15.98	63.92		
		MFG: ABBOTT LABS LOT: 46-465-AA-21								
		EXP: 11/00								
		NOTHING FOLLOWS								
							SHEET TOTAL (15)	113.92	GRAND TOTAL (16)	113.92

13. ISSUE/TURN-IN "QUANTITY" COLM IS REQUESTED	DATE (17) 11 MAR 01	BY (18) David Jones	14. ISSUE QTY IN "SUPPLY ACTION" COLUMN	DATE	BY	15. REC QTY IN "SUPPLY ACTION" COLUMN	DATE	BY

DA FORM 3161, MAY 83 REPLACES EDITION OF JUN 73 WHICH WILL BE USED UNTIL EXHAUSTED.

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