U.S. DOD Form dod-da-12-9-9-r

INITIAL DISTRIBUTION REQUIREMENTS FOR PUBLICATIONS For use of this form see DA PAM 25-33; the proponent agency is ODISC4				1. DATE 2. ACCOUNT NUMBER	
3. FROM *(Include 9-Digit Zip Code)*		4. THRU *(Include 9-Digit Zip Code)*		5. TO *(Include 9-Digit Zip Code)*	
PUBLICATION ID NUMBER	QUANTITY REQUIRED	PUBLICATION ID NUMBER	QUANTITY REQUIRED	PUBLICATION ID NUMBER	QUANTITY REQUIRED