

NAVSUP P-724, CONVENTIONAL ORDNANCE STOCKPILE MANAGEMENT

ROLMS SYSTEM CHANGE REQUEST (SCR) TRANSMITTAL/ACTION FORM

1. SCR NUMBER:	2. DATE PREPARED:
3. PREPARED BY: (Name, Organization, Phone)	4. TO:
5. SHORT TITLE: (50 Character Maximum) Program Version _____	
6. CLASSIFICATION OF CHANGE:	
a. PRIORITY <input type="checkbox"/> Mandatory <input type="checkbox"/> Routine	b. TYPE ENHANCEMENT <input type="checkbox"/> Program <input type="checkbox"/> User Requirement
7. DESCRIPTION: (Completely describe the problem/proposed change and the mission impact/benefit. ONLY ONE CHANGE PER SCR. Use bond paper for continuation, annotating SCR number at the top.)	
8. ATTACHMENTS:	
<input type="checkbox"/> Input / Output <input type="checkbox"/> Listings <input type="checkbox"/> Electronic Files <input type="checkbox"/> Reports	<input type="checkbox"/> Screens <input type="checkbox"/> File Printouts <input type="checkbox"/> Diskettes / Tapes
<input type="checkbox"/> Job Streams <input type="checkbox"/> Drawings <input type="checkbox"/> Other	
9. REQUESTED IMPLEMENTATION DATE:	10. COPIES FURNISHED TO:
11. INITIAL REVIEW:	
REVIEW OFFICIAL: (Name, Organization)	SIGNATURE & DATE: