AO MONTHLY IMPAC SUMMARY FY 02

AO NAME:_____ UNIT/UIC:_____
PHONE:_____ IMPAC /OPTEMPO CODE:_____

BILLING PERIOD: _____ TO _____

I certify the following summarized billings for all cardholders in my responsibility to be true and accurate for the billing period indicated:

BTN: _____

CT___: _____

D1___: _____

E1___: _____

EH1: _____

EH2: _____

EXX: _____

GRM: _____

GEC: _____

JMC: _____

JED: _____

JFC: _____

JYD: _____

KRR: _____

KRA: _____

NNN: _____

P1A: _____

P10: _____

P3___: _____

P50: _____

P6___: _____

PEE: _____

TTT: _____

TAV: _____

TQQ: _____

TAA: _____

TDL: _____

AT0: _____

IDT: _____

VTS: _____

VSH: _____

XXX: _____

XDT: _____

ZZZ: _____

TOTAL IMPAC BILLING: _____

SIGNATURE:_____ DATE: _____