ADP PRODUCT REVIEW EVALUATION

For use of this form, see AR 335-15; the proponent agency is OACSIM.

REQUIREMENT CONTROL SYMBOL CSIM-18

1. THRU *(Agency MICLO) (Include Zip Code)*	2. TO *(MICO with jurisdiction) (Include Zip Code)*	3. FROM *(Include Zip Code)*

4. ADP SYSTEM NAME	5. REVIEW PERIOD *(Quarter and FY)*

6. TOTAL NUMBER OF RECURRING ADP PRODUCTS REVIEWED

7. TOTAL COST OF RECURRING PRODUCTS *(in dollars)*

8. NUMBER OF PRODUCTS ELIMINATED

9. COST SAVINGS THAT RESULTED

10. NUMBER OF PRODUCTS REVISED

11. COST SAVINGS RESULTING FROM REVISIONS

12. TOTAL SYSTEM COST SAVINGS FOR REVIEW QUARTER

13. REMARKS

14. ACTION OFFICER *(Name and signature)*	a. TITLE	b. TELEPHONE NUMBER	c. DATE *(YYMMDD)*

DA FORM 4503-1-R, MAY 1986   EDITION OF DEC 82 IS OBSOLETE.   APD LC v1.01ES