

CERTIFICATE OF RESEARCH

For use of this form, see AR 740-26; the proponent agency is DCS, G-4.

1. Stock Number		2. CIIC		3. DATE (YYYYMMDD)	
4. Unit of Issue	5. Quantity	5.a. Short <input type="checkbox"/>	5.b. Over <input type="checkbox"/>	6. Unit Price	7. Total Cost
8. Report to Security (Date & Case Number)			9. Requester		
10. REASON FOR SHORTAGE	10.a. Denial <input type="checkbox"/>	10. b. Invent Drop <input type="checkbox"/>		10.c. Other <input type="checkbox"/> Specify	
11. In an effort to resolve the shortage or explain the loss, the following research was conducted: (Check only the blocks which describe the research actually performed).					
All current active locations checked		<input type="checkbox"/>	Deleted locations checked for same period as retired transaction history		<input type="checkbox"/>
Adjacent and similar locations checked		<input type="checkbox"/>	Care and preservation areas checked for material.		<input type="checkbox"/>
Receipt holding areas checked		<input type="checkbox"/>	Relevant hard copy of documents compared to transaction histories for accuracy of postings. Kinds of documents checked: GBLs, receipts, adjustments, denials, re-identifications, cancellations, repicks.		<input type="checkbox"/>
Depot Maintenance and Rebuild programs checked to ensure records accurately reflect transactions. Checks included comparison of records and physical search in maintenance area.		<input type="checkbox"/>	DRMO shipments shown on transaction histories compared with actual receipts for errors, duplicates, or missing entries.		<input type="checkbox"/>
TRANSACTION HISTORIES CHECK ONE OF THE BOXES AT RIGHT FOR ERRONEOUS, DUPLICATE, OR MISSING ENTRIES AND ANY DOCUMENTS WHICH MIGHT OCCUR FOR SHORTAGE:			Field Service <input type="checkbox"/>	Depot Property <input type="checkbox"/>	Other Owners <input type="checkbox"/>
Other (Explain)					
I certify that I have personally conducted the above research and was unable to resolve the shortage or explain the loss sufficiently to reduce the shortage below the mandatory causative research parameters.					
_____ 12. Name, Grade, and Position					
_____ Date					
13. Concur: _____					
_____ Date					