

**CONSIGNMENT CONTROL SHEET**

For use of this form, see AR 215-4; the proponent agency is ACSIM.

1. CONTROL NO.

**SECTION A - TICKETS RECEIVED**

|                      |                    |                   |  |
|----------------------|--------------------|-------------------|--|
| 2. NAME OF EVENT     |                    | 5. NAME OF VENDOR |  |
| 3. QUANTITY RECEIVED | 4. DATE OF CUT-OFF |                   |  |

**SECTION B - TICKET SALES**

| 6. DATE OF EVENT | NUMBER SEQUENCE OF TICKETS<br>7 |    | DESCRIPTION OF EVENT<br>8 | QUANTITY<br>9 | UNIT COST<br>10 | EXTENDED TOTAL<br>11 |
|------------------|---------------------------------|----|---------------------------|---------------|-----------------|----------------------|
|                  | FROM                            | TO |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |
|                  |                                 |    |                           |               |                 |                      |

**SECTION C - RECEIPT CERTIFICATION**

5. I Acknowledge Receipt of The Tickets Listed Above.

|                                     |         |
|-------------------------------------|---------|
| a. SIGNATURE OF NAFI REPRESENTATIVE | b. DATE |
|-------------------------------------|---------|

**SECTION D - TICKETS RETURNED**

|                       |                     |                    |  |
|-----------------------|---------------------|--------------------|--|
| 12. NAME OF EVENT     |                     | 15. NAME OF VENDOR |  |
| 13. QUANTITY RECEIVED | 14. DATE OF CUT-OFF |                    |  |

16. RETURN TICKETS

| DATE OF EVENT<br>a | NUMBER SEQUENCE OF TICKETS<br>b |    | DESCRIPTION OF EVENT<br>c | QUANTITY<br>d | UNIT COST<br>e | EXTENDED TOTAL<br>f |
|--------------------|---------------------------------|----|---------------------------|---------------|----------------|---------------------|
|                    | FROM                            | TO |                           |               |                |                     |
|                    |                                 |    |                           |               |                |                     |
|                    |                                 |    |                           |               |                |                     |
|                    |                                 |    |                           |               |                |                     |
|                    |                                 |    |                           |               |                |                     |
|                    |                                 |    |                           |               |                |                     |

**SECTION E - RETURN CERTIFICATION**

17. I Acknowledge Receipt of The Tickets Listed Above.

|                                       |         |
|---------------------------------------|---------|
| a. SIGNATURE OF VENDOR REPRESENTATIVE | b. DATE |
|---------------------------------------|---------|

18. ATTACH CERTIFIED MAIL RECEIPT AND RETURN TO NAFI(Use only if 17a and b, are not used)