

You Must
Complete
Forms On-Line.
Hand Written
Forms will be
Rejected!



Office of Logistics Management (OLM)

**LOGISTICS MANAGEMENT
ACTION FORM - LM-15**

REFERENCE # A | Mail, Fax or PDF the entire package to: MC 2010 Fax: 679-1993

REPORTED BY: _____ **DEPT/UNIT:** _____

REPORTED TO: _____ **DEPT/UNIT:** _____

BUILDING: _____ **FLOOR:** _____ **ROOM #:** _____ **TELEPHONE:** _____ **FAX:** _____

DEPARTMENT/UNIT REQUIRING ACTION: _____

| ITEM # | REQUEST/REPORT | RESOLUTION - ACTION | RESPONSIBLE PERSON | DATE COMPLETED |
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OTHER REMARKS: _____

| Completed By Signatures: | TITLE | DATE |
|--|-------|------|
| _____ 1. LM DEPARTMENT RESPONSIBLE PERSON | | |
| _____ 2. UNIT DEPARTMENT RESPONSIBLE PERSON | | |