REENLISTMENT BONUS CONTROL NUMBER LOG

(For use of this form, see USAR Reg 140-6; the proponent agency is the AR-RTD)

NAME *(LAST, FIRST, MI)*	SSN	UIC/ UNIT	SCHEDULED REENL DATE	YRS	ETS/ PEBD	DMOS/ PMOS	CONTROL NUMBER/ DATE ISSUED

Replaces/rescinds USARC Form 80-2-R, which will not be used.