Proponent for this Form is TRADOC

WEEKLY TRAILER LOCATION REPORT

TO: (Battalion)	FROM: (Headquarters)	Date

LINE ITEM	TRAILER REG. NUMBER	TERMINAL OR MARSHALLING YARD				SUPPLY INSTALLATIONS					

Typed Name and Grade	Signature

DA FORM 1320-R
1 May 55

Prescribing Directive for this Form is FM 55-30