

## Company Weapons Count

Event count of all weaponry in camp for \_\_\_\_\_,  
(Unit Designation)

at \_\_\_\_\_ on \_\_\_\_\_, **20**  
( Event Name and Site ) ( Dates)

**\*\*Please count ALL weapons in camp even those not to be used in the field.**

Muskets(percussion) \_\_\_\_\_ Flintlocks \_\_\_\_\_ Pistols \_\_\_\_\_  
Shotguns \_\_\_\_\_ Knives \_\_\_\_\_ Swords \_\_\_\_\_  
Bayonets \_\_\_\_\_ Cudgels \_\_\_\_\_ Other \_\_\_\_\_

*I certify that the above stated Company weapons count is correct to the best of my knowledge.*

\_\_\_\_\_  
(Commanding Officer or Representative) (Date)

Please return to Regimental Adjutant or Ordnance Sgt. With morning report

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