INFORMATION MISSION ELEMENTS NEED STATEMENT (IMENS)

For use of this form, see USMEPCOM Reg 25-3

IMENS NO: CATEGORY: Hardware Software Other

DATE RECEIVED IMP NO. EST. VALUE DATE COMPLETED

SECTION 1 (Originator)

1. TO: MIM-AD 2. FROM: _____ 3. DATE: _____

4. SUBJECT: _____

5. REQUIREMENT(S) (state mission impact):

6. EXPECTED BENEFITS:

SYSTEM ADMINISTRATOR/PHONE COMMANDER/DIRECTOR SIGNATURE

_____ _____

SECTION 2 (HQ Proponent)

Proponent: _____ Recommendation: Approve ☐ Disapprove ☐ Date _____

Name/Office/Phone _____ Signature _____

SECTION 3 (MIM-AD)

Recommendation: Approve ☐ Disapprove ☐ Date _____

Name/Office/Phone _____ Signature _____

Comments: