

Title : ____test

Company Header

Address

ROUTING SLIP

Description	n:					
Department : PRODUCTION (Ori				ginating Branch)		
Date	From	То	Signature	Action Required	Remarks	
28 Nov 202	1 SECRETARY	PRODUCTION	staff-secretary 1638098445313	3		
8 Nov 202	1 PRODUCTION	IT	manager-produ 1638098488440	ction 2		
1. Approval/ Signature 2. Appropriate Action 3. Comment/Recommend 4. Study/Investigate 5. Rewrite/Redraft/Retype				6. Dispatch/ Forward/ File7. Notation/Information8. Disseminate9. Please Print		