

ROUTING AND TRANSMITTAL SLIP				DATE	
TO: (Name, Office Symbol, Room Number, Building, Agency/Post)				Initials	Date
1.					
2.					
3.					
4.					
5.					
	Action		File	Note and Return	
	Approval		For Clearance	Per Conversation	
	As Requested		For Correction	Prepare Reply	
	Circulate		For Your Information	See Me	
	Comment		Investigate	Signature	
	Coordination		Justify		

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions.

FROM: (Name, Organization Symbol, Agency/Post)	Room Number - Building
	Phone Number