

Date

ROUTING AND TRANSMITTAL SLIP

TO: Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. DT (Mr Berberich)		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
<input checked="" type="checkbox"/> As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Target material & MFR.

SG1J



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

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

DT-S

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