Date ROUTING AND TRANSMITTAL SLIP			
	O: (Name, office symbol, room number, building, Agency/Post)		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

Note: Delete this note after reading. In this Free Text area **DO NOT PRESS TAB** use CTRL+TAB to insert a tab in this area. You can insert blank lines by hitting enter/return. Also, SPELL CHECK can be used in this area only. Scroll down to the next section.

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.	