

**ROUTING AND TRANSMITTAL SLIP**

Date

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

<b>FROM:</b> (Name, org. symbol, Agency/Post)	Room No.—Bldg.
DT-S	Phone No.