

ROUTING SLIP

For use of this form, see
AR 25-50; the proponent
agency is CIO.

*NEVER USE FOR APPROVALS,
DISAPPROVALS,
CONCURRENCES,
OR SIMILAR ACTIONS*

TO		INITIALS	DATE (YYYYMMDD)

CHECK ACTION DESIRED

- | | |
|--|---|
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> NECESSARY ACTION |
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> SEE ME |
| <input type="checkbox"/> NOTE AND RETURN | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CIRCULATE | <input type="checkbox"/> _____ |

FROM	DATE (YYYYMMDD)
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TELEPHONE	FAX
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E-MAIL

ORGANIZATION