

ROUTING SLIPFor use of this form, see
AR 25-50; the proponent
agency is AASA.*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) _____

TELEPHONE _____ FAX _____

E-MAIL _____

ORGANIZATION _____