



GOVERNMENT SERVICES

Internal Routing and Transmittal Cover Sheet

TO: _____

DATE: _____

- | | | | |
|------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> ACTION | <input type="checkbox"/> APPROVAL | <input type="checkbox"/> AS REQUIRED | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> CIRCULATE | <input type="checkbox"/> COMMENT | <input type="checkbox"/> FOIA DOCUMENT | |
| <input type="checkbox"/> REVIEW | <input type="checkbox"/> FOR CORRECTION | <input type="checkbox"/> FYI | |

REMARKS

DO NOT use this form as a record of approvals, concurrences, disposals, clearances or similar actions.

FROM: _____

PHONE: _____ ROOM / BLDG: _____