

TRANSMITTAL RECORD		1. SECURITY CLASSIFICATION	2. SHIPMENT NO.
For use of this form, see AR 25-50; the proponent agency is DCSPER			
3. TITLE/FILE IDENTIFICATION		4. AS OF DATE (YYYYMMDD)	5. SHIPMENT DATE (YYYYMMDD)
6. AUTHORITY FOR SHIPMENT		7. NUMBER OF RECORDS TRANSMITTED	
8. PERSON TO CONTACT (Name and telephone)		9. REQUIREMENT CONTROL SYMBOL (AR 335-15)	
10. SHIPPED FROM		11. SHIPPED TO	
		<input type="checkbox"/> RETURN RECEIPT REQUESTED (When box is checked, sign below and return copy to sender.)	
10a. TYPED NAME AND TITLE OF SENDER		11a. TYPED NAME AND TITLE OF RECEIVER	
10b. SIGNATURE OF SENDER		11b. SIGNATURE OF RECEIVER AND DATE	
12. TYPE OF MEDIA TRANSMITTED			
<input type="checkbox"/> HARD COPY	<input type="checkbox"/> PUNCHED CARDS	<input type="checkbox"/> CASSETTES	<input type="checkbox"/>
<input type="checkbox"/> MICROFILM	<input type="checkbox"/> PHOTO	<input type="checkbox"/> FICHE	<input type="checkbox"/>
13. NUMBER OF BOXES (Packages)		14. NUMBER OF ITEMS	
15. METHOD OF SHIPMENT			
<input type="checkbox"/> COURIER	<input type="checkbox"/> FIRST CLASS	<input type="checkbox"/> PARCEL POST	<input type="checkbox"/>
<input type="checkbox"/> EXPRESS MAIL	<input type="checkbox"/> REGISTERED	<input type="checkbox"/>	<input type="checkbox"/>
16. SPECIAL INSTRUCTIONS			
17. TYPE COMPONENT USED (For magnetically recorded data)			
18. REMARKS			