ROUTING SLIP For use of this form, see AR 25-50; the proponent agency is ODCSPER	*NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS*

	TO	INITIALS	DATE *(YYYYMMDD)*

CHECK ACTION DESIRED			
	INFORMATION		NECESSARY ACTION
	SIGNATURE		SEE ME
	NOTE AND RETURN		
	CIRCULATE		

FROM	DATE *(YYYYMMDD)*
TELEPHONE	FAX
E-MAIL	
ORGANIZATION	

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