

A 283

GENERAL SERVICES ADMINISTRATION  
ROUTING SLIP

| TO                 | CO                  | R1 | R2 | R3 | R4 | R5                   | R6 | R7 | R8 | R9 | R10 |  |
|--------------------|---------------------|----|----|----|----|----------------------|----|----|----|----|-----|--|
| NAME AND/OR SYMBOL |                     |    |    |    |    | BUILDING, ROOM, ETC. |    |    |    |    |     |  |
| 1.                 | <i>Mr. Williams</i> |    |    |    |    |                      |    |    |    |    |     |  |
| 2.                 |                     |    |    |    |    |                      |    |    |    |    |     |  |
| 3.                 |                     |    |    |    |    |                      |    |    |    |    |     |  |
| 4.                 |                     |    |    |    |    |                      |    |    |    |    |     |  |
| 5.                 |                     |    |    |    |    |                      |    |    |    |    |     |  |

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ALLOTMENT SYMBOL                         | <input type="checkbox"/> HANDLE DIRECT              | <input type="checkbox"/> READ AND DESTROY |
| <input type="checkbox"/> APPROVAL                                 | <input type="checkbox"/> IMMEDIATE ACTION           | <input type="checkbox"/> RECOMMENDATION   |
| <input type="checkbox"/> AS REQUESTED                             | <input type="checkbox"/> INITIALS                   | <input type="checkbox"/> SEE ME           |
| <input type="checkbox"/> CONCURRENCE                              | <input type="checkbox"/> NECESSARY ACTION           | <input type="checkbox"/> SIGNATURE        |
| <input type="checkbox"/> CORRECTION                               | <input type="checkbox"/> NOTE AND RETURN            | <input type="checkbox"/> YOUR COMMENT     |
| <input type="checkbox"/> FILING                                   | <input type="checkbox"/> PER OUR CONVERSATION       | <input type="checkbox"/> YOUR INFORMATION |
| <input type="checkbox"/> FULL REPORT                              | <input type="checkbox"/> PER TELEPHONE CONVERSATION | <input type="checkbox"/>                  |
| <input type="checkbox"/> ANSWER OR ACKNOWLEDGE ON OR BEFORE _____ |   |   |
| <input type="checkbox"/> PREPARE REPLY FOR THE SIGNATURE OF _____ |   |   |

REMARKS

| FROM               | CO | R1 | R2 | R3 | R4 | R5                   | R6 | R7               | R8 | R9 | R10 |
|--------------------|----|----|----|----|----|----------------------|----|------------------|----|----|-----|
| NAME AND/OR SYMBOL |    |    |    |    |    | BUILDING, ROOM, ETC. |    |                  |    |    |     |
| <i>R. Shirley</i>  |    |    |    |    |    | TELEPHONE            |    | DATE <i>1/11</i> |    |    |     |