ROUTING SLIP

TO	CO	RW	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME/TITLE	CORRES. SYMBOL	RECEIVED	
		INITIAL	DATE
1.			
2.			
3.			
4.			
5.			

	Necessary Action		Recommendation		As Requested
	For Signature		Comment		See Me
	Concurrence		Initial and Return		Your Information
	Approval		Per Conversation		Other *(Specify)*

REPLY OR INTERIM REPLY	DUE ▶	FOR SIGNATURE OF

REMARKS

FROM	CO	RW	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME/TITLE	CORRES. SYMBOL	BUILDING, ROOM NO.
	TELEPHONE NO.	DATE

GENERAL SERVICES ADMINISTRATION

GSA FORM **14** (REV. 9-80)