



PROTECTING THE PUBLIC  
SERVING OUR NATION

# Office of Enforcement Programs and Services

## ROUTING AND TRANSMITTAL SLIP

**Subject:**

**Date:**

To:	Digital Signature	Comment
1.		
2.		
3.		
4.		
5.		
6.		

### ACTION REQUIRED:

<input type="checkbox"/>	Approval	<input type="checkbox"/>	File	<input type="checkbox"/>	Review
<input type="checkbox"/>	As Requested	<input type="checkbox"/>	For Correction	<input type="checkbox"/>	See Me
<input type="checkbox"/>	Circulate	<input type="checkbox"/>	For Your Information	<input type="checkbox"/>	Signature
<input type="checkbox"/>	Comment	<input type="checkbox"/>	Prepare Reply	<input type="checkbox"/>	Other

### REMARKS:

**From:**

**Room:**

**Phone:**