

TRANSMITTAL RECORD <small>The proponent agency for the=is form is ACSPER.</small>				1. SECURITY CLASSIFICATION		2. SHIPMENT NO.			
3. TITLE/FILE IDENTIFICATION				4. AS OF DATE			5. SHIPMENT DATE		
				YEAR	MONTH	DAY	YEAR	MONTH	DAY
6. AUTHORITY FOR SHIPMENT				7. NUMBER OF RECORDS TRANSMITTED					
8. PERSON TO CONTACT <i>(Name and telephone)</i>				9. REFERENCE / CONTROL SYMBOL					
10. TYPE OF MEDIA TRANSMITTED									
HARD COPY		DISKETTE		CASSETTE		OTHER:			
PHOTO		CD		FISCHE		OTHER:			
11. NUMBER OF ENVELOPES / PACKAGES / BOXES				12. NUMBER OF ITEMS					
13. METHOD OF SHIPMENT									
COURIER		FEDEX		POSTAL FIRST CLASS		POSTAL PARCEL			
OVERNIGHT		UPS		POSTAL REGISTERD		OTHER:			
14. SHIPPED TO:				15. SHIPPED FROM:					
<input type="checkbox"/> RETURN RECEIPT REQUESTED <i>(If this box is checked, sign below and return copy to sender.)</i>									
14a. TYPED NAME AND TITLE OF RECEIVER				15a. TYPED NAME AND TITLE OF SENDER					
14b. SIGNATURE OF RECEIVER AND DATE				15b. SIGNATURE OF SENDER					
16. SPECIAL INSTRUCTIONS									
17. REMARKS									