

<b>TRANSMITTAL RECORD</b> For use of this form, see AR 25-50; the proponent agency is AASA.		1. SECURITY CLASSIFICATION	2. SHIPMENT NO.
3. TITLE/FILE IDENTIFICATION		4. AS OF DATE (YYYYMMDD)	5. SHIPMENT DATE (YYYYMMDD)
6. AUTHORITY FOR SHIPMENT		7. NUMBER OF RECORDS TRANSMITTED	
8. PERSON TO CONTACT ( <i>Name and telephone</i> )		9. REQUIREMENT CONTROL SYMBOL ( <i>AR 335-15</i> )	
10. SHIPPED FROM		11. SHIPPED TO  <input type="checkbox"/> RETURN RECEIPT REQUESTED ( <i>When box is checked, sign below and return copy to sender.</i> )	
10a. TYPED NAME AND TITLE SENDER		11a. TYPED NAME AND TITLE OF RECEIVER	
10b. SIGNATURE OF SENDER		11b. SIGNATURE OF RECEIVER AND DATE (YYYYMMDD)	
12. TYPE OF MEDIA TRANSMITTED			
<input type="checkbox"/> HARD COPY <input type="checkbox"/> PUNCHED CARDS <input type="checkbox"/> CASSETTES <input type="checkbox"/>			
<input type="checkbox"/> MICROFILM <input type="checkbox"/> PHOTO <input type="checkbox"/> FICHE <input type="checkbox"/>			
13. NUMBER OF BOXES ( <i>Packages</i> )		14. NUMBER OF ITEMS	
15. METHOD OF SHIPMENT			
<input type="checkbox"/> COURIER <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> PARCEL POST <input type="checkbox"/>			
<input type="checkbox"/> EXPRESS MAIL <input type="checkbox"/> REGISTERED <input type="checkbox"/> <input type="checkbox"/>			
16. SPECIAL INSTRUCTIONS			
17. TYPE COMPONENT USED ( <i>for magnetically recorded data</i> )			
18. REMARKS			