

TRANSMITTAL RECORD 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. REPORT CONTROL SYMBOL (<i>AR 25-98</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			