**NAVAL SUPPORT ACTIVITY**

**MONTEREY**

*CORRESPONDENCE ROUTE SLIP*

|  |
| --- |
|  **SUBJ: Subject** |
|  | **IN** | **DATE****OUT** | **INITIALS** | **DATE:**  | **ROUTING NO.**  |
| **CONCUR** | **NON-CONCUR OR COMMENTS** |
| **CO** |  |  |  |  |
| **FROM:**  |
| **Deputy** |  |  |  |  |
| **SEL** |  |  |  |  | **TO:**  |
| **EA** |  |  |  |  | **RETURN TO:**  |
| **AO** |  |  |  |  |
| **AA** |  |  |  |  |
| **DH/N#** |  |  |  |  | **DATE ACTION REQUIRED:** |
| **XXX** |  |  |  |  |
| **XXX** |  |  |  |  |
| **COMMENTS**Include offices in the routing chain prior to N-Code/DH as neededAdmin will enter the routing numberSend softcopy editable Word document to Admin Asst and AO for editing / re-printingInclude supporting documents in left pocket of folder (excerpts from Instructions, letters, etc)Provide justification for anything requested “ASAP” “Expedite” or action required within less than 5 business days |