

TRANSMITTAL, ACTION AND CONTROL

(For use of this form, see TRADOC Regulation 1-11; the proponent is SGS)

CATS CONTROL NUMBER:	CLASS:	SUSPENSE DATE:
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SUBJECT:

ACTION OFFICE/SYMBOL:	INFORMATION/ASSIST:	ACT OFF NAME/PHONE NUMBER:
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SIGNATURE
 APPROVAL
 INFORMATION
 RESOURCE IMPACT(Y/N)
 RC IMPACT(Y/N)

SACO
 C, SAD
 SGS
 CSM
 XO
 ACofS
 DCG/CofS

APPROVAL/RELEASE							
	NAME	INITIAL	DATE		NAME	INITIAL	DATE
BRANCH:				ADCS:			
DIRECTORATE:				DCS/OFC CHIEF:			

<p>APPROVAL AUTHORITY USE ONLY</p>	<p>DCG/CofS APPROVAL-DISAPPROVAL-NOTED</p>
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