United States Department of Agriculture Forms Action Request and Notice

To: Departmental F	1. From: Nam	ne:						
USDA/OIRM-IMD 14th and Independence Avenue, S.W.			Agency & Address:					
Room 404-W Washington, D.C. 20250			Telephone Number (Area code):					
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29. CFDPC Use Only: AD-178 posted Locator posted				Bins/rack changed Other (specify)				
30. Date Order	31. Actual Quantity Ordered		32. Order Source	32. Order Source				
33. Supply Management	Officer Signature		34. Date			35. Telephone	e No.	

INSTRUCTIONS

Agency and staff office Forms Management Officers complete all data through signature line, sign, and submit original and two copies to the Departmental Forms Management Officer (DFMO), Information Management Division, Office of Information Resources Management. Hold one copy. The DFMO reviews, signs, and submits original and one copy to the Consolidated Forms and Publications Distribution Center, Office of Operations. Hold one copy for history files.

Items not included in the following instructions are self explanatory.

- 1. **From:** Enter name, agency, and phone number for program person responsible for form on which action is being taken.
- 2. **Action Codes:** Complete a separate Forms Action Request and Notice for each action taken. Enter appropriate form number and edition date where action requires.
- 6. **Purpose/Remarks:** Give justification for creation of a new form, revision of an existing form, or discontinuing use of a form. Also include any other pertinent date not entered elsewhere.
- 7. **Stock Location:** For low usage forms, or forms, which for other reasons are not stocked at the CFPDC Warehouse, enter the complete mailing address for alternate stock location.
- 8. **Construction:** Enter the quantity for each construction where required.
- 9. **Unit of Issue:** For any unit except "EACH", enter the quantity per unit.
- 10. **User Agencies:** List all agencies and staff offices who will be using the form being acted on. If used by all, enter "ALL."
- 12. **Paper Stock:** Enter paper weight and type, if known.
- 13. Color Ink: Use of more than one color ink must be justified and approved by OPA.
- 14. **Subject Code:** Enter appropriate functional code which corresponds to the Departmental Directives Classification System, DR 0120-1.
- 15. **Directive:** Enter the reference number for the supporting document which prescribes or requires the use of the form being acted on.