Form RD 2030-8 (Rev. 12-97) FACSIMILE TRANSMISSION	DATE:	
TO:	FROM:	
LOCATION:	LOCATION:	
FAX NUMBER:	FAX NUMBER:	
TELEPHONE NUMBER:	TELEPHONE NUMBER:	
COMMENTS:		
AUTHORIZED SIGNATURE:	NO. OF PAGES TO FOLLOW:	

Form will be completed an attached to all information sent by facsimile transmission

PROCEDURE FOR PREPARATION

: RD Instruction 2030-A and 2030-C

PREPARED BY

: Agency personnel.

**NUMBER OF COPIES** 

: Original only.

**SIGNATURES REQUIRED** 

: Authorized official.

**DISTRIBUTION OF COPIES** 

: After transmission, original returned to sender.