

~~UNCLASSIFIED//FOUO~~

Classify Appropriately When Filled In - Lowest Acceptable Classification is U//FOUO

MATERIAL TRANSPORTATION REQUEST

I. CUSTOMER INFORMATION

I certify that this shipment is for the official movement of classified and/or sensitive materials in support of government programs and does not contain personal items, unclassified office supplies, or items to circumvent weight limitations applicable to unaccompanied air freight or household effects. To the best of my knowledge, the information listed is accurate and complete.

- 1. CLASSIFICATION: U C S TS 2. CONTROL CHANNEL: SI TK RSV
- 3. REQUIRED DELIVERY DATE: _____ 4. ASSOCIATED 5. NON-ASSOCIATED
- 6. REQUESTOR'S NAME: _____ (Type or print full name) (b)(3)
- 7. SECURE PHONE: _____ 8. NON-SECURE PHONE _____ 9. DATE OF REQUEST: 23 Aug 2016
- 10. SIGNATURE: _____
- 11. PROGRAM AND DIRECTORATE: CIO/IMSO/IRRG
- 12. GOVERNMENT VALIDATOR: Patricia Cameresi (Type or print full name)
- 13. SECURE PHONE: _____ 14. OFFICE: IRRG
- 15. REMARKS/DESCRIPTION OF MATERIAL TO BE SHIPPED: FOIA response.

II. DESTINATION INFORMATION

- 1. COMPANY: _____ 2. ADDRESS: _____ (b)(6)
- 3. CITY _____ 4. STATE _____ 5. ZIP _____ 6. STOP NUMBER: _____
- 7. PRIMARY CONTACT: Mr. John Greenewald, Jr (Type or print full name)
- 8. SECURE PHONE: _____ 9. NON-SECURE PHONE: _____
- 10. ALTERNATE CONTACT: _____ (Type or print full name)
- 11. SECURE PHONE: _____ 12. NON-SECURE PHONE: _____
- 13. COMMENTS: _____

III. TMC AND TEAM OFFICE USE ONLY

MATERIAL/PACKAGE PROCESSING (Office use only)

- 4. TRACKING NUMBER: _____ FED EX USPS COURIER HAND CARRY
- 5. MPT INITIALS: _____ DATE: _____ TIME: _____ 6. DISPATCHER INITIALS: _____ DATE: _____ TIME: _____
- 7. PACKAGE PREP INITIALS: _____ DATE: _____ TIME: _____ 8. OPS INITIALS: _____ DATE: _____ TIME: _____

CL BY: _____
DECL ON: _____
DRV FROM: _____

OPR: MS&O _____ (b)(3)

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PREVIOUS EDITIONS ARE OBSOLETE

RCS: 401-3

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