

Classify Appropriately When Filled In

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: [X] U [] C [] S [] TS 2. CONTROL CHANNEL: [] SI [] TK [] RSV
3. REQUIRED DELIVERY DATE: _____ 4. [X] ASSOCIATED [] NON-ASSOCIATED
5. REQUESTOR'S FULL NAME: _____ (b)(3)
6. SECURE PHONE: _____ 7. NON-SECURE PHONE: _____ 8. DATE OF REQUEST: 11 Jun 2018
9. SIGNATURE/DATE: _____
10. PROGRAM AND DIRECTORATE: COMM/IMSO/IRRG
11. GOVERNMENT VALIDATOR'S FULL NAME: Patricia Cameresi
12. SECURE PHONE: _____ 13. OFFICE: _____ (b)(3)
14. REMARKS/DESCRIPTION OF MATERIAL TO BE SHIPPED:
Appellate Response on F-2016-00130 and F-2017-00088

II. DESTINATION INFORMATION

1. COMPANY: _____
2. ADDRESS: _____ (b)(6)
3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ 6. STOP NUMBER: _____
7. PRIMARY CONTACT'S FULL NAME: John Greenewald Jr
8. SECURE PHONE: _____ 9. NON-SECURE PHONE: _____
10. ALTERNATE CONTACT'S FULL NAME: _____
11. SECURE PHONE: _____ 12. NON-SECURE PHONE: _____
13. COMMENTS: _____

III. TMC AND TEAM OFFICE USE ONLY

MATERIAL/PACKAGE PROCESSING (Office use only)

1. TRACKING NUMBER: _____ [] FED EX [X] 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:

DRV FROM:

DECL ON:

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

PAGE 1 OF 3

PREVIOUS EDITIONS ARE OBSOLETE

B-RCS: B-100-02

UNCLASSIFIED//~~FOUO~~

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