



Routing/Transmittal Form

(Please attach to material)

Name of Originator

Department

Date

Description of Letter/Document (provide as much detail as possible):

Reviewers to initial on appropriate line (as required):			
		NAME	INITIAL
a)	Originator:	_____	_____
b)	Other (as required)	_____	_____
c)	Manager:	_____	_____
d)	Dean/Director:	_____	_____
e)	VPA or VPNRC:	_____	_____
f)	VP Finance	_____	_____
g)	President:	_____	_____

Please transmit to Office of the President and/or Vice President and indicate desired action:	
1) For approval prior to mailing/emailing	_____
2) Signature(s) - letter	_____
3) Signature(s) - letter and document	_____
4) For information only	_____
5) Other (describe below)	_____

Comments by Reviewer (if required):

a)	
b)	
c)	
d)	
e)	
f)	
g)	