REFERRAL SLIP (5216)
NAVMC HQ 207 (Rev. 04-09) (EF)

Print Form

To:		
Department or Division	Room Number	Date
Subject		

☐	For appropriate action	☐	For file
☐	For your comment and recommendation	☐	Please expedite
☐	For your information	☐	Please see me in regard to this
☐	Please prepare reply	☐	Please prepare reply for signature of :
☐	Please initial and return		
☐	Please Return with previous correspondence	☐	Please consult with -
☐	Please Return the attached material	☐	
☐	Please return with information required for action or reply	☐	
☐	Please circulate to : ☐ Employees ☐ Supervisors	☐	
☐	24 Hour reply required	☐	

Remarks	
From: (name)	(signature)
Department or Division	Room Number

Reset Form

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