REQUEST FOR EXPRESS PACKAGES DELIVERED QUICK (PDQ)

DATE

TO	FROM	POINT OF CONTACT *(Print or Type)* *(May be other than Req. Official)*	BUILDING	ROOM NO	TELEPHONE
NDW/FISC MAILROOM BLDG. 197 POC: SEA 101					

CONTENTS OF PACKAGE TO BE SHIPPED

MARK PACKAGES FOR

ACTIVITY		
ATTENTION	COMMERCIAL TELEPHONE	DSN TELEPHONE
STREET ADDRESS	BUILDING	ROOM NO
CITY	STATE	ZIP CODE

JUSTIFICATION FOR FEDERAL EXPRESS SERVICES

☐ SATURDAY DELIVERY (PRIOR ARRANGEMENTS MADE TO ACCEPT DELIVERY; NO DELIVERIES ON SUNDAYS OR HOLIDAYS)

SIGNATURE OF REQUESTING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL

REVIEW BY DIRECTORATE /PEO SECURITY OFFICER, IF CLASSIFIED

☐ APPROVED ☐ DISAPPROVED

REMARKS

SIGNATURE OF DIRECTORATE/PEO SECURITY OFFICER (Classified material)	DATE

FOR COMPLETION BY SEA 1015

☐ APPROVED ☐ DISAPPROVED	SIGNATURE OF PROCESSOR	DATE

REMARKS

Reset Form