

Receipt Number:

# CLASSIFIED MATERIAL RECEIPT

Classification of Document:

Sent By: *(Name, Unit, Address)*

Date of Document:

Description of Document:

Date Transmitted	To: <i>(Name and address)</i>	Received by: <i>(Signature)</i>	Date Received

USCOMM-DC 89-1967

## INSTRUCTIONS

This form is completed for each transfer of TOP SECRET and SECRET material. Use of this form for the transfer of CONFIDENTIAL material is the option of the sender.

**Receipt Number:** Receipts may be numbered consecutively within each office.

**Classification of Document:** Enter the highest level of classification of the material being transmitted.

**Sent by:** Enter the sender's name, title or office, and short address.

**Date of Document:** Enter the date, if any, of the document being described.

**Description of Document:** Enter an unclassified subject, title, or brief description of the material. Include a short description of any enclosures or attachments, copy numbers, control numbers, and any other data which may be used to identify the material.

**Date Transmitted:** Enter the date on which the material is transmitted.

**To:** Enter the intended recipient's name and office title, room number, and organization.

**RECIPIENT:** Sign and date the copy of the receipt attached to the material and return to sender. An additional copy may be retained for your records.