

COLORADO DEPARTMENT OF TRANSPORTATION ADMINISTRATIVE SUPPORT ASSIGNMENT SLIP			
Requestor name:			Ext.:
Date in:	Time:	Date due:	Time:
<input type="checkbox"/> Type & return <input type="checkbox"/> Word process & return <input type="checkbox"/> Copy & return - Qty _____ <input type="checkbox"/> Copy & distribute - Qty _____ <input type="checkbox"/> Prepare envelope for mailing <input type="checkbox"/> Prepare labels for mailing <input type="checkbox"/> FAX to: _____ <input type="checkbox"/> FYI. Keep or toss			
<input type="checkbox"/> <b>Special project:</b> Name: _____ Instruction: _____ _____ _____			
Completion date:			By:

CDOT Form #1063 12/96

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