

REQUEST FOR ACTION FOR PROCEDURES/REPORTS

(For adding, changing, or deleting addresses for distribution of procedures/reports)

A. IDENTIFICATION (Complete this section for all requests)

FAX TO: (504) 255-4367 MAIL TO: USDA, NATIONAL FINANCE CENTER ATTN.: DAB (Directives and Analysis Branch) PO BOX 60,000 NEW ORLEANS, LA 70160-0001	1. CONTACT NAME (Name of person completing this form) 2. CONTACT TELEPHONE NUMBER (Area code and number)
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B. PROCEDURES ACTION (Check appropriate block(s))

Order procedure(s) and add address to distribution list <i>(Complete Sections A, B, D, & E)</i>	Add procedure(s) to an existing address on the distribution list <i>(Complete Sections A, B, D, & E)</i>
Order PC procedure(s)/software and add address to distribution list <i>(Complete Sections A, B, D, & E)</i>	Change number of copies of procedure(s) <i>(Complete Sections A, B, D, & E)</i>
Order procedure(s)/software (as needed for training) DO NOT ADD ADDRESS TO DISTRIBUTION LIST <i>(Complete Sections A, B, D, & E)</i>	Discontinue procedure(s) <i>(Complete Sections A, B, D, & E)</i>
Change address for procedures <i>(Complete Sections A, D, & E)</i>	Delete address and all procedure(s) <i>(Complete Sections A, D, & E)</i>

ORDERING PROCEDURE(S)/BULLETIN(S)/SOFTWARE

3. NAME OF PROCEDURE	4. TITLE NUMBER	5. CHAPTER NUMBER	6. SECTION NUMBER	7. SUB-SECTION NUMBER	8. BULLETIN NUMBER	9. DISKETTE SIZE FOR PC SOFTWARE	10. NUMBER OF COPIES	11. INVENTORY CONTROL NUMBER (FOR NFC USE ONLY)

To order additional procedures, please fill out **Form AD-1083A, Continuation Sheet for Ordering Procedures.** 12. CONTROL NUMBER (FOR NFC USE ONLY)

C. REPORTS ACTION (Check appropriate block(s))

Order report(s) <i>(Complete Sections A, C, D, & E)</i>	Change level(s) or distribution control (See Block 19) <i>(Complete Sections A, C, D, & E)</i>
Change an address for reports <i>(Complete Sections A, C, D, & E)</i>	Discontinue report(s) <i>(Complete Sections A, C, D, & E)</i>
Change report media (See Block 18) <i>(Complete Sections A, C, D, & E)</i>	Change number of copies of reports (See Block 18) <i>(Complete Sections A, C, D, & E)</i>

ORDERING REPORTS

13. MAILDROP NUMBER (Top number on banner page)	14. BUNDLE ID (2nd number on banner page)	15. REPORT/JOB SET NUMBER
16. REPORT TITLE		17. DISTRIBUTION CONTROL
18. MEDIA <i>(Check one or more and indicate the number of copies)</i> <input type="checkbox"/> NFC PRODUCED HARDCOPY # OF COPIES ► <input type="checkbox"/> MICROFICHE # OF COPIES ► <input type="checkbox"/> MICROFILM # OF COPIES ► <input type="checkbox"/> ELECTRONIC TRANSMISSION NODE ___ /REMOTE DESTINATION (or printer ID)	19. REPORTING LEVELS <i>(Check one or more)</i> <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> AGENCY <input type="checkbox"/> POI <input type="checkbox"/> CONTACT POINT <input type="checkbox"/> 2ND LEVEL ORG <input type="checkbox"/> 3RD LEVEL ORG <input type="checkbox"/> 4TH LEVEL ORG	

D. ADDRESS DATA (Complete this section for all requests)

20. ADDRESS KEY CODE (As shown in the upper left corner of the mailing label)

CURRENT OR OLD ADDRESS				NEW ADDRESS			
21. NAME				21. NAME			
22. AGENCY NAME		23. AGENCY CODE		22. AGENCY NAME		23. AGENCY CODE	
24. AGENCY STREET ADDRESS				24. AGENCY STREET ADDRESS			
25. CITY		26. STATE	27. ZIP CODE 5-4	25. CITY		26. STATE	27. ZIP CODE 5-4
28. AGENCY TELEPHONE NUMBER (Area Code and Number)		29. E-MAIL ADDRESS		28. AGENCY TELEPHONE NUMBER (Area Code and Number)		29. E-MAIL ADDRESS	

E. AUTHORIZATION (Complete this section for all requests)

30. AUTHORIZED SIGNATURE AND TITLE	31. TELEPHONE NUMBER (Area code and number)	32. DATE
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