

1. DATE (6)	2. AGENCY CODE (2)	3. ACCTNG. STATION (4)	4. T/A CONTACT POINT (10)	UNITED STATES DEPARTMENT OF AGRICULTURE REQUEST FOR TR ACTION		
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5. TYPE ACTION A. <input type="checkbox"/> Mail _____ books of TR's. The accountable employee is identified below. B. <input type="checkbox"/> Change accountability of TR's listed to the employee identified below. C. <input type="checkbox"/> TR's listed are lost or stolen. D. <input type="checkbox"/> TR's listed and attached are mutilated or voided. Transfer accountability to NFC. E. <input type="checkbox"/> TR's listed and attached are unused. Transfer accountability to NFC.	LINE NO.	6. NUMBER OF TR'S (3)	7. FROM TR NUMBER (6)	8. THRU TR NUMBER (6)
	1			
	2			
	3			
	4			
	5			

FOR NFC USE ONLY				9.	TOTAL
			NUMBER		

ACCOUNTABLE EMPLOYEE	10. SOCIAL SECURITY NUMBER	11. NAME (Last, First, Middle Initial)	12. SIGNATURE	13. PHONE (Area Code & No.)
APPROVING OFFICIAL	14. SOCIAL SECURITY NUMBER	15. NAME (Last, First, Middle Initial)	16. SIGNATURE	17. PHONE (Area Code & No.)

MAIL SIGNED ORIGINAL FORM TO:

NFC COPY

FORM AD-497 (REV. 12/75)

U.S. Department of Agriculture
National Finance Center
P.O. Box 60000
New Orleans, Louisiana 70160

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AGENCY COPY

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