NEW YORK NAVAL MILITIA (NYNM)	NAVAL MILITIA UNIT REPRESENTATIVE TRANSACTION SHEET	FOR OFFICIAL USE ONLY NYNM Form 102

DATE:		
UNIT POINT OF CONTACT (POC):	**MILITIA UNIT #:**	**RUIC:**
EMAIL ADDRESS	**PHONE #:**	
RESERVE UNIT NAME:		
UNIT ROSTER ATTACHED:		
NEW CONTRACTS:		
MEMBERS TRANSFERRED:		
MEMBERS REPORTING:		
MEMBERS DISCHARGED:		
MEMBERS RETIRING:		
CHANGES ON ROSTER (RANK, RATE, ADDRESS, ETC.)		
TOLL PASSES LOG SHEET ATTACHED:		
COMMENTS:		

NEW YORK NAVAL MILITIA HEADQUARTERS:

DATE RECEIVED: _____

DATE PROCESSED: _____

Fax submit all documents to (518) 786-4427.