

MEMO ROUTE SLIP

Form AEC-93 (Rev. May 14, 1947)

See me about this.
Note and return.

For con. office.
For signature.

For action.
For information.

TO (Name and unit)		INITIALS	REMARKS
[Handwritten Name]			[Handwritten Remarks]
		DATE	
TO (Name and unit)		INITIALS	REMARKS
Ward Miller			[Handwritten Remarks]
		DATE	
TO (Name and unit)		INITIALS	REMARKS
			[Handwritten Remarks]
		DATE	
FROM (Name and unit)		REMARKS	
		Came from P.T. Press	
		Cul. USAF	
		DMA 7/14	
PHONE NO.	DATE		

USE OTHER SIDE FOR ADDITIONAL REMARKS

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Dr. LeRoy is authorized to conduct such negotiations as are necessary for the proper execution of the program. It is requested that you extend to him such assistance as may be required.

Cc: Dr. Graves
Gen. Quesada

N

5004872

~~SECRET~~

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