

ROUTING AND TRANSMITTAL SLIP

Date

8/2/79

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	Mrs. Clusen, ASEV		
2.	Mr. Hollister, ADASEV		
3.	Dr. Weyzen, OHER Mr. McCraw, OESD		
4.	Mr. Deal, OESD		
5.	Mr. Brown, OGC		
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		

REMARKS

For your info.

March

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Dr. Wachholz	Phone No. 353-4365

5041-102

★ U.S. GPO: 1978-261-647/3310

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