401739

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. Mark.

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

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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