

Date 8/2/79

**ROUTING AND TRANSMITTAL SLIP**

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Mrs. Clusen, ASEV		
2. Mr. Hollister, ADASEV		
3. <del>Dr. Weyzen, OHER</del> 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.

*Marsh*

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

OPTIONAL FORM 41 (Rev. 7-76)  
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