

ROUTING AND TRANSMITTAL SLIP		Date	
		12/3/80	
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	Dr. Burr		
	Dr. Edington		
2.	Dr. McCammon		
	Dr. Thiessen		
3.	<i>Blair</i> ←	JCB	12/14/80
	Mr. Mayhew		
4.	Mr. McCraw		
	Mr. Gottlieb		
5.			
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			

FYI


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.
Bruce W. Wachholz, EV-30 GTN	Phone No. 353-3208

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☆ U.S. G.P.O. 1980-311-156/4

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