

ROUTING AND TRANSMITTA LIP		Date
		8/7/79
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	Mrs. Clusen, ASEV	
2.	Mr. Hollister, ADASEV	
3.	Mr. McCraw, OESD	
4.	Mr. Deal, OESD	
5.	Dr. Weyzen, OHER	
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.
Bruce Wachholz	Phone No. 353-4365

5041-102

*U.S. GPO: 1978-261-647/3310

OPTIONAL FORM 41 (Rev. 7-76)
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