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PREPARE IN DUP	•	• •				XXXXXX See Above	
		II-in report includ	e Form No.)		2. TYPE	XSTATISTICAL	
De:	struction				OF REPORT	HARRATIVE	
		PERSONNEL	TRAINI	IC		MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		LOGISTICS		SECURITY		GENERAL specify)	
		MEDICAL		FINANCE			
4. NO. OF COPI	ES PREPARED	5. FREQUENCY (week	ly, monthly, quar	terly, etc.)	6. DISTRIBUTI	ON (No. of components not	
3		Monthly			1		
7. FORMAT (mem	orandum, form	8. ADP PROCESSING 9. DIRE			IRECTIVE AUTHOR	RECTIVE AUTHORITY REQUIRING REPORT	
computer pr	Int-out, etc)	YES IF YES GIVE ADP PROCESSING NO.			og lagg to an		
Form	AUDAUGUT /:-	x N0	LIL ESCOSO O		DS/SSS/RAB		
	g information	lude lowest level to report)	Form No.	, or nomencial	total number an	nd identify by Title, eparate sheet if necessary.	
Office	of the Ch	ief,		á ′			
			30 0007	14.00000			
		A. MANITA	12. COST F	ACTORS AND BEVIE	W COSTS		
GRADE	HOURLY	HOURS PER	COST PER	TIMES	<u>.</u>	COST PER YEAR	
4000 L	RATE	REPORT	REPORT	A PREPARED			
GS-6	3.97	1/2	1.98	12	23.76		
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	1	B. COSTS	OF COMPUTER		EPORTS		
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 	<u></u>		TOTAL COST	C DED VEAD		and the distribution of the last and the state of the sta	
			TOTAL COSTS PER YEAR		\$60.00		
		FICATION FOR THIS RE FIRST STARTED AND (ited in item 9). IF KNOWN,	
To comp1	y with Ag	ency programs t	o report des	truction of	f record mat	erial	
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		<u>14</u>	. FUTURE GOA	LS			
OAL PROPOSED B		OR THIS REPORT				ESTIMATED SAVINGS MAN-HOURS DOLLARS	
CHANGE	19	OTHER (explain)	•	•		DOLLYNO DOLLYNO	
DISCONTIN						STAT	
6. DATE OF INV	1 .			RMATION		18. EXTENSION	
28 Septemb	e Approve d	Nor Release 200	6/09/25 : CIA-RI	DP75-00399F	२०० ०1001200 <u>/</u>	19x1	
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FORM 142

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