

DESIGNATION OR REVOCATION OF AUTHORITY		FILING REFERENCE ONLY	
TO: Finance Division			
FROM: Chief, SR Division [REDACTED]			
TYPE OF AUTHORIZATION		ALLOTMENT ACCT. NO. (Payroll only)	
SR Division Approving Officer		EFFECTIVE DATE	
		9 September 1963	
NAME OF DESIGNEE		TITLE	
[REDACTED]		[REDACTED]	
OFFICE		ROOM NO. AND BUILDING	EXTENSION
DD/P - SR Division		5B0001 - Headquarters	6935
SPECIMEN SIGNATURE OF DESIGNEE (If required)		SPECIMEN INITIALS	
On file. [REDACTED]		[REDACTED]	
REMARKS (State when [REDACTED] is being revoked)			
Title changed from Deputy Chief, [REDACTED] [REDACTED]			
DATE		GROUP 1	SIGNATURE
[REDACTED]		downgrading and declassification	[REDACTED]
TITLE OF AUTHORIZING OFFICIAL		SSA - DD/S	
Assistant Deputy Director (Plans)		[REDACTED]	
Approved For Release 2000/08/21 : CIA-RDP78-06570A		25X1A9a	