

DDA SUBJECT FILE COPY

ROUTING AND TRANSMITTAL SLIP

Date 10/6/86

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	[Redacted] EYO/OL		
2.			
3.			
4.			
5.	EXA/DDA		

<input checked="" type="checkbox"/> Action	File	Note and Return
<input type="checkbox"/> Approval	For Clearance	Per Conversation
<input type="checkbox"/> As Requested	For Correction	Prepare Reply
<input type="checkbox"/> Circulate	For Your Information	See Me
<input checked="" type="checkbox"/> Comment	Investigate	Signature
<input type="checkbox"/> Coordination	Justify	

REMARKS

Bill -  
 Here's the memo from ADDJ&T per our phone discussion. Please draft a response for Bill Donnelly's signature. Thanks,



DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, office symbol, room number, building, Agency/Post)

[Redacted] EXA/DDA

Room No.—Bldg.  
7D 18 HQ

Phone No.  
[Redacted]

5041-102

U.S.G.P.O.: 1983-421-529/320

OPTIONAL FORM NO. 10 (REV. 7-76)  
 Prescribed by GSA  
 FPMR (41 CFR) 101-11.206

DD/A REGISTRY

45-10

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