

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	C/CTG	F 6/15
2.	DD/ORD	CP 6/18
2.	D/ORD	PE 6/26
4.		
5.		
Act	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

*It seems the OOD has let the
 cat out of the bag. (see page 3)
 with friends like this . . .*

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.
	Phone No.

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GENERAL FORM 41 (Rev. 7-76)

Prescribed by GSA
 FPMR (41 CFR) 101-11.206