	TRANSMITTAL SLIP			
: (Name, office symbol, room number, building, Agency/Post)			Initials	Date
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Action	File	Not	Note and Return	
Approval	For Clearance	Per Conversation		
As Requested	For Correction	Prepare Reply		
Circulate	For Your Information	See Me		
	Investigate	Signature		
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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.

X 6 9 4 7

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OPTIONAL FORM 41 (Rev. 7-76)

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