

ROUTING AND TRANSMITTAL SLIP		Date
		24 MAY
TO: (Name, office symbol, room number, building, Agency/Post)		Initials
1. MAJ FOX		
2.		
3.		
4.		
5.		
Action	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

JERRY, THE NAMES ON THE ATTACHED LIST WERE EXTRACTED FROM LETTERS, MFR'S ETC WHICH DEALT WITH GRILL FLAME ACTIONS, MEETINGS, BRIEFINGS. NO BRIEFING CERTIFICATES ARE ON HAND FOR THESE INDIVIDUALS.

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.
LTC JACHIM	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)  
 Prescribed by GSA  
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