

ROUTING AND TRANSMITTAL SLIP

SG1J

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. ODT-SC [REDACTED]		
2.		
3.		
4.		
5.		

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

REMARKS

Attached are copies of Waivers which have been approved for the following AAP requirements.

- 330 / 0262/92
- 330 / 0252/92

Original waivers have been given to RSG-4 for the official contract file

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. 72-800
[REDACTED]	Phone No. X 2740

SG1J

Approved For Release

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