

ROUTING AND TRANSMITTAL SLIP

| TO: (Name, office symbol, room number, building, Agency/Post) | Initials | Date |
|---|----------|------|
| 1. CPT COWART | | |
| 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

1. STATUS OF 8123
2. IF COMPLETED pls WRITE SUMMARY SHT

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. |

J/10 NOV

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