

ROUTING AND TRANSMITTAL SLIP

SG1J

1	[REDACTED]	INITIALS	CIRCULATE
		DATE	COORDINATION
2	[REDACTED]	INITIALS	FILE
		DATE	INFORMATION
3	[REDACTED]	INITIALS	NOTE AND RETURN
		DATE	PER CON - VERSATION
4	[REDACTED]	INITIALS	SEE ME
		DATE	SIGNATURE

REMARKS

ATTACHED IS THE MOA THAT WILL AFFECT US DIRECTLY UPON EOP TRANSFER. EACH PERSON PLEASE TAKE COPY, READ, EVALUATE, ASSESS, COMMENT, ETC. I WANT INDEPENDENT INPUT. PLEASE RETURN YOUR COMMENTS & COPY OF MOA TO ME BY COB 1 NOV.

BB

Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions.

FROM (Name, office symbol or location)

DATE

10/31

PHONE

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