SG1J

ROUTING AND TRANSMITTAL SLIP

Date 12 Oct 92

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	X	For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Attached are cop 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 Appropriate 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.
[redacted]	7D-800
	Phone No. X3740

SG1J

241-174

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

00789R003000480002-5