

TO: (Name, office symbol, room number, Building, Agency/Post)		Initials	Date
1.	Col. TAPES	X	21 Nov
2.	Col. Wells	KW	24 Nov
3.	MG THOMPSON		
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

GRILL FLAME (U)  
CLOSE HOLD/HAND CARRY

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.
Maj. Stoen	Phone No. 5-5848