IT THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

ROUTING [redacted] TRANSMITTAL SLIP

Date 9/17

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Dennis		
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

Karen said fit was booked up for the next 2-3 weeks and that they could get to the Gainesville site either the week of 10/5 or 10/12. Hope that's OK!

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.
Jo	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.203

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