



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

ACTION SLIP

DATE: 3/21DATE DUE
IN S/ES BY:RELEASED IN FULL S21

S/ES CONTROL NO.

(Classification/Downgrade)

ACTION ASSIGNED TO:

S/NCJ200306772

ACTION REQUESTED:

HIGH PRIORITY ITEM

- ☐ FORMAL STATE TO ☐ MEMO
☐ STATE TRANSMITTAL FORM
TO NSC ☐ OVP ☐
☐ WITH DRAFT REPLY FOR SIGNATURE
BY: _____
☐ WITH COMMENT/RECOMMENDATION
☐ TRAVEL AUTHORIZATION

☐ PREPARE A CROSS-HATCH CABLE REPLY
FOR PRESIDENT/VICE PRESIDENT.☐ SEND A COMEBACK COPY OF OUTGOING
STATE CABLE AND ORIGINAL WH/OVP
CORRESPONDENCE UNDER COVER OF A
TRANSMITTAL FORM (NSC /OVP).☐ IF NO REPLY NECESSARY. RETURN ORIGI-
NAL WH/OVP CORRESPONDENCE UN-
DER COVER OF A TRANSMITTAL FORM
WITH AN EXPLANATION IN REMARKS AS
TO WHY NO REPLY IS NECESSARY.☐ PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF _____ ALONG WITH ORIGINAL
INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.☐ RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE
BY: _____☐ (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR _____ UNDER COVER OF AN
ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF
OF _____☐ DIRECT REPLY ON BEHALF OF _____ ☒ FOR APPROPRIATE HANDLING☐ WITH REPLY FOR SIGNATURE BY _____ ☐ FOR YOUR INFORMATION☐ PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR ☐

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: FRANK E SCHMELZER
DATE/CASE ID: 24 SEP 2004 200303827

CLEAR WITH:

COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> S/ES	<input type="checkbox"/> A	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/OF
<input type="checkbox"/> D	<input type="checkbox"/> S/ES-EX	<input type="checkbox"/> AC	<input type="checkbox"/> M/P	<input type="checkbox"/> S/WCI
<input checked="" type="checkbox"/> P	<input type="checkbox"/> S/ES-IA	<input type="checkbox"/> CA	<input type="checkbox"/> M/WHL	<input type="checkbox"/> USUN/W
<input type="checkbox"/> M	<input type="checkbox"/> S/ES-IRM	<input type="checkbox"/> CPR	<input type="checkbox"/> NP	<input type="checkbox"/> VC
<input type="checkbox"/> E	<input type="checkbox"/> S/ES-O	<input checked="" type="checkbox"/> DRL	<input type="checkbox"/> OBO	<input type="checkbox"/> PA
<input type="checkbox"/> T	<input checked="" type="checkbox"/> S/ES-CR	<input type="checkbox"/> DS	<input type="checkbox"/> OES	<input type="checkbox"/>
<input type="checkbox"/> G	<input type="checkbox"/> S/ES-S	<input type="checkbox"/> EB	<input type="checkbox"/> OIG	<input type="checkbox"/>
<input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> ECA	<input checked="" type="checkbox"/> PM	<input type="checkbox"/>
<input type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/> H	<input type="checkbox"/> PRM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> AP	<input type="checkbox"/> IIP	<input type="checkbox"/> RM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> EAP	<input type="checkbox"/> INL	<input type="checkbox"/> S/CT	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> EUR	<input type="checkbox"/> INR	<input type="checkbox"/> S/OCR	<input type="checkbox"/>
<input type="checkbox"/> USAID	<input type="checkbox"/> NEA	<input type="checkbox"/> IO		
<input type="checkbox"/>	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> IRM		
<input type="checkbox"/>	<input checked="" type="checkbox"/> WHA	<input type="checkbox"/> L		
<input type="checkbox"/>		<input type="checkbox"/> M/DGHR		

FROM: Debra Phoenix
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