ACTION SLIP

DEPARTMENT OF STATE
EXECUTIVE SECRETARIAT

ACTION REQUESTED:

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

- PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF ___ ALONG WITH ORIGINAL INCOMING WH/OGP 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:

ECA CPR VP OBP M DR M

FROM: EXECUTIVE SECRETARIAT EXT: 7-3388
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