



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

ACTION SLIP

DATE: 8/5
RELEASED IN FULL
DATE DUE IN S/ES BY: S29
SES CONTROL NO.

(Classification/Downgrader)

ACTION ASSIGNED TO:
S/WCI

2003/9922

- 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 ORIGINAL WH/OVP CORRESPONDENCE UNDER 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:

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| <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 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"/> G | <input type="checkbox"/> S/ES-S | <input type="checkbox"/> EB | <input type="checkbox"/> OIG | |
| <input type="checkbox"/> R | | <input type="checkbox"/> ECA | <input type="checkbox"/> PM | |
| <input type="checkbox"/> C | <input type="checkbox"/> AF | <input type="checkbox"/> H | <input type="checkbox"/> PRM | |
| | <input checked="" type="checkbox"/> EAP | <input type="checkbox"/> IIP | <input checked="" type="checkbox"/> RM | |
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| <input type="checkbox"/> USAID | <input type="checkbox"/> SA | <input type="checkbox"/> IO | | |
| | <input checked="" type="checkbox"/> WHA | <input checked="" type="checkbox"/> IRM | | |
| | | <input type="checkbox"/> L | | |
| | | <input type="checkbox"/> M/DGHR | | |

FROM: [Signature]
EXECUTIVE SECRETARIAT
EXT: 7-
FAX: 7-

UNCLASSIFIED



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT
ACTION SLIP

DATE: 8/5
RELEASED IN FULL
DATE DUE 930
IN S/ES BY:
S/ES CONTROL NO.

(Classification/Downgrader)

ACTION ASSIGNED TO: S/WCI

200319923

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 ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.
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- RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY: _____
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- 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:

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REVIEW AUTHORITY: FRANK E SCHMELZER
DATE/CASE ID: 24 SEP 2004 200303827

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<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 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 checked="" type="checkbox"/> CPR	<input type="checkbox"/> NP	<input type="checkbox"/> VC
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	<input checked="" type="checkbox"/> WHA	<input checked="" type="checkbox"/> IRM		
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ACTION SLIP

DATE:

8/5
RELEASED IN FULL

DATE DUE
IN S/ES BY:

S31

(Classification/Downgrader)

S/ES CONTROL NO.

ACTION ASSIGNED TO:

S/WCI

200319927

ACTION REQUESTED:

HIGH PRIORITY ITEM

FORMAL STATE TO MEMO

PREPARE A CROSS-HATCH CABLE REPLY FOR PRESIDENT/VICE PRESIDENT.

STATE TRANSMITTAL FORM TO NSC OVP

SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM (NSC/OVP).

WITH DRAFT REPLY FOR SIGNATURE BY: _____

IF NO REPLY NECESSARY, RETURN ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.

WITH COMMENT/RECOMMENDATION

TRAVEL AUTHORIZATION

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

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M/DGHR	<input type="checkbox"/>	<input type="checkbox"/>

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