

TO: (Name, office symbol, room number, Building, Agency/Post)	Initials	Date
1. Col <i>CAAS</i>	<i>X</i>	2/Nov
2. Col Wells	<i>KW</i>	24 Nov
3. MG THOMPSON		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> 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.
	Phone No. <i>5-5848</i>