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DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

REFERENCE OR OFFICE SYMBOL	SUBJECT
IAOPS-H	Request for Contract Assistance (U)

TO HQ SPT DIV FROM Project Manager DATE 3 Jan 82 CMT 1

1. (U) Request the attached requirement be reviewed and action be taken to obtain a contract for its accomplishment.

2. (U) Funding in the amount of $36K has been coordinated. Point-of-Contact for administrative actions concerning fund transfer is Mr Robert Knauer, 6947.

R. Jachim

ROBERT J. JACHIM
LTC, MI
Project Manager

UNCLASSIFIED
WHEN SEPARATED FROM
CLASSIFIED INCLOSURES

DA FORM 1 FEB 62 2496 REPLACES DD FORM 96, WHICH IS OBSOLETE.

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