

FORM CD-14
(3-9-59)

U.S. DEPT. OF COMM.

DATE

TRANSMITTAL SLIP

TO:

REF. NO. OR ROOM, BLDG.

FROM:

REF. NO. OR ROOM, BLDG.

ACTION

- | | |
|---|---|
| <input type="checkbox"/> NOTE AND FILE | <input type="checkbox"/> PER OUR CONVERSATION |
| <input type="checkbox"/> NOTE AND RETURN TO ME | <input type="checkbox"/> PER YOUR REQUEST |
| <input type="checkbox"/> RETURN WITH MORE DETAILS | <input type="checkbox"/> FOR YOUR APPROVAL |
| <input type="checkbox"/> NOTE AND SEE ME ABOUT THIS | <input type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> PLEASE ANSWER | <input type="checkbox"/> FOR YOUR COMMENTS |
| <input type="checkbox"/> PREPARE REPLY FOR MY SIGNATURE | <input type="checkbox"/> SIGNATURE |
| <input type="checkbox"/> TAKE APPROPRIATE ACTION | <input type="checkbox"/> INVESTIGATE AND REPORT |

COMMENTS:

START:

4-28-61

OLIVER EVANS and type items

