



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

UNCLASSIFIED

(Classification/Downgrader)

DATE:

4/10

S3C

RELEASED IN FULL

DATE DUE
IN S/S BY:

S/S CONTROL NO.

ACTION ASSIGNED TO:

DRL

200200650

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 OR 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

SCANNED

10 2002

___ 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/S-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:

___ S	___ S/S	___ A	<input checked="" type="checkbox"/> IO	<input checked="" type="checkbox"/> PRM	___ VC
___ D	___ S/S-EX	___ AC	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> S/CT	___
___ P	___ S/S-IA	___ CA	___ M/DGP	___ S/NISC	___
___ E	___ S/S-IRM	___ CBED	___ M/FSI	___ S/OF	___
___ T	___ S/S-O	___ CPR	___ M/IRM	___ S/P	___
___ M	<input checked="" type="checkbox"/> S/S-CR	___ DRL	___ M/P	___ S/PICW	___
___ G	___ S/S-S	___ DS	___ M/WHL	___ S/RPP	___
___ R	___	___ EB	___ NP	___ S/SMEC	___
___ C	___	___ ECA	___ OES	___ SSA	___
___	___ AF	___ EEOCR	___ OIG	___ S/WCI	___
___	___ EAP	___ FMP	___ PA	___ T/SAVC	___
___	___ EUR	___ GHD	___ PM	___ USUN/W	___
___ USAID	___ NEA	___ H			
___	<input checked="" type="checkbox"/> SA	___ IIP			
___	___ S/NIS	___ INL			
___	___ WHA	___ INR			

FROM: *APW*
EXECUTIVE SECRETARIAT
EXT: 7-3838
FAX: 7-