



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT  
ACTION SLIP

DATE: 7/22

DATE DUE  
IN S/ES BY:

RELEASED IN FULL S27

(Classification/Downgrader)

S/ES CONTROL NO.

ACTION ASSIGNED TO:

S/WCI

Rev I 200317918

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

PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR + \_\_\_\_\_

REMARKS/SPECIAL INSTRUCTIONS:

S/WCI accepts action.  
Crock

CLEAR WITH:

COPIES TO:

- |                                |   |                                 |                                |                                 |
|--------------------------------|---|---------------------------------|--------------------------------|---------------------------------|
| <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 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 type="checkbox"/> EAP                | <input type="checkbox"/> IIP    | <input type="checkbox"/> RM    |                                 |
|                                | <input type="checkbox"/> EUR                | <input type="checkbox"/> INL    | <input type="checkbox"/> S/CT  |                                 |
|                                | <input type="checkbox"/> NEA                | <input type="checkbox"/> INR    | <input type="checkbox"/> S/OCR |                                 |
| <input type="checkbox"/> USAID | <input type="checkbox"/> SA                 | <input type="checkbox"/> IO     |                                |                                 |
|                                | <input type="checkbox"/> WHA                | <input type="checkbox"/> IRM    |                                |                                 |
|                                |   | <input type="checkbox"/> L      |                                |                                 |
|                                |   | <input type="checkbox"/> M/DGHR |                                |                                 |

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: FRANK E SCHMELZER  
DATE/CASE ID: 24 SEP 2004 200303827

FROM: D. Skene  
EXECUTIVE SECRETARIAT  
EXT: 7-3889

UNCLASSIFIED



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

UNCLASSIFIED

(Classification/Downgrader)

DATE: 7/16

DATE DUE RELEASED IN FULL 527A

IN S/ES BY:

S/ES CONTROL NO.

200317918

ACTION ASSIGNED TO:

DRL

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

JUL 16 2003

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).

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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:

<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 type="checkbox"/> DRL	<input type="checkbox"/> OBO	<input type="checkbox"/> PA
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		<input type="checkbox"/> M/DGHR		

FROM: AR  
EXECUTIVE SECRETARIAT  
EXT: 7-3839  
FAX: 7-

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