

# DISPOSITION FORM

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

REFERENCE OR OFFICE SYMBOL

IAOPS-H

SUBJECT

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

**SECRET**

UNCLASSIFIED  
SEPARATED FROM  
CLASSIFIED INCLOSURES