

# SECRETARY OF DEFENSE CORRESPONDENCE ACTION REPORT

This form must be completed and forwarded to the Correspondence Control Division (CCD), WHS Room 3A948. Suspense Desk: (703) 697-9287 FAX Number: (703) 697-1219 Email: [suspense\\_desk@osd.pentagon.mil](mailto:suspense_desk@osd.pentagon.mil)

Action Agency

PA

Suspense Date

4/25/2005

## 1. ACTION TAKEN (Check one)

- ☒ a. ACTION HAS BEEN COMPLETED (Copy attached)
- ☐ b. REQUEST EXTENSION OF SUSPENSE DATE TO  (Justify below)
- ☐ c. INTERIM REPLY HAS BEEN SENT (Copy attached) EXTEND SUSPENSE TO  (Justify below)
- ☐ d. REQUEST CANCELLATION (Justify below)
- ☐ e. REQUEST TRANSFER TO  (Justify below include POC Name & Phone Number)
- ☐ f. REQUEST DOWNGRADE TO  (Justify below)

## 2. JUSTIFICATION

*Invitation acknowledged*

OFFICE OF THE  
SECRETARY OF DEFENSE

## 3. REPORTING AGENCY

a. ACTION AGENCY

PA

c. APPROVING AUTHORITY

(Service Secretary/Under Secretary/ASD/Military/Executive Assistant Level)

b. NAME OF ACTION OFFICER

Signature

*Joe Cooper*

Date Signed

*25 Apr 05*

c. TELEPHONE NO.

d. DATE

4. CCD CONTROL #

OSD 06896-05

## 5. ACTION TAKEN

(For EXSEC/ Correspondence Control Division Use Only)

- |             |                                   |                                      |
|-------------|-----------------------------------|--------------------------------------|
| a. EXT      | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| b. CANX     | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| c. DWNGRD   | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| d. TRANSFER | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |

e. OTHER (Specify)

Signature

Date Signed

SD FORM 391, JAN 2000

R 06896-05

CRIP  
277

0011 SD

2005 MAY -3 AM 11-03

(12 APR 05)