DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER:

* RE:
Submitting reso. autho.

* SUMMARY:
Click or tap here to enter text.

* RECOMMENDATION:
Click or tap here to enter text.

* DEPARTMENTAL CONTACT:
Name: Click or tap here to enter text.
Position: Click or tap here to enter text.

*=REQUIRED