



General Services Administration
Washington, DC 20405

MEMORANDUM FOR

FROM:

SUBJECT: Request for visit approval

1. The following GSA employee(s) will visit your facility as indicated.

NAME (Include SSN, Date and Place of Birth)	CITIZENSHIP	CLEARANCE	DATE	BASIS
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FACILITY TO BE VISITED

DURATION OF VISIT

PURPOSE OF VISIT

PERSON(S) TO BE CONTACTED

2. Approval is assumed in the absence of contrary advice.

NOTE: This documentary evidence of security clearance is valid only for the purpose and date set forth above. Each person named above has been issued identifying credentials.