Clear

FOREIGN LIAISON VISIT LOG	NOTE: For instructions on execution of this form, refer to Appendix C, DLAM 5205.2.	ACTIVITY SYMBOL	PERIOD COVERED *(Quarter and Year)*

DATE OF VISIT *(1)*	VISITOR'S NAME *(2)*	DLA PERSONNEL CONTACTED *(3)*	*CONTROL NUMBER (4)*

DLA FORM 1588, JUL 78 *(EF)*