

Please complete this form, print and include with your submitted items.



TO: _____

LETTER OF TRANSMITTAL	
DATE :	JOB # :
ATTN :	
RE :	
PROJECT:	
ARCHITECT :	

**GENTLEMEN:
 WE ARE SENDING YOU:**

Attached

Under Seperate Cover Via _____
 the Following Item(s):

- | | |
|---|---|
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Samples |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Copy of Letter |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Reproducibles |

COPIES	DATE	NUMBER	DESCRIPTION

THESE ARE TRANSMITTED AS CHECKED BELOW:

- | | | |
|---|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Record copies of approved set |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Return___corrected prints |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return___approved samples |
| <input type="checkbox"/> For review & comment | <input type="checkbox"/> Resubmitted for approval | <input type="checkbox"/> _____ |
| <input type="checkbox"/> For bids due _____ | | <input type="checkbox"/> Prints returned after loan to us |

REMARKS: _____

COPY TO: _____ SIGNED: _____

RETURN TO: _____
 Street City State Zip