

Transmittal No.:

Sheet of

To:	Company's Job No.:		
	Client's Ref. No.:		
	Project Title and applicable Unit Numbers		
From: <Company Name> <Address> <City> <Country>	Date of dispatch from Company:	Date of receipt by Client/Addressee:	Date of return from Client/Addressee:

The following documents are attached and transmitted to you for your:

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| <input type="checkbox"/> | Approval | <input type="checkbox"/> | Information |
| <input type="checkbox"/> | Comments | <input type="checkbox"/> | File |
| <input type="checkbox"/> | | | |

Registration No.: Company Client	Issue	Number of transparencies and/or prints (T) (P)	Description of Document or Title
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Remarks:	Sincerely yours, <Company Name>
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White copy: Addressee Pink copy: Acknowledgment Addressee Green copy: File Originator Yellow copy: Distribution to dept. concerned	Please acknowledge receipt by signing and returning the pink copy of this transmittal	Signature of Addressee:
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