

TRANSMITTAL FORM

Project Name: _____ Project Number: _____

Sender: _____ Recipient: _____

Sender Company: _____ Recipient Company: _____

Sender Contact: _____ Recipient Contact: _____

Sender Phone/Email: _____ Recipient Phone/Email: _____

Description of Transmittal:

This Transmittal Form accompanies the attached documents and materials as specified below. The sender transmits these items for review, approval, comment, or other action as indicated. This form is not a warranty or guarantee of completeness beyond its stated scope. All recipients should verify contents and notify the sender of any discrepancies or omissions.

Transmittal Details:

Item No.	Description	Quantity	Remarks
1			
2			
3			
4			
5			
6			

Action Required:

Please review the attached items and respond as appropriate. Indicate approval, required changes, or other actions in writing. If no response is received within the specified timeframe, it will be assumed that no objections exist.

Sender Declaration:

By signing below, the sender certifies that all information contained herein is accurate and complete to the best of their knowledge. The sender acknowledges responsibility for timely and proper transmission of the listed items.

Sender's Signature

Recipient's Signature

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

This Transmittal Form is governed by the laws of the United States. All disputes arising out of or related to this Transmittal shall be subject to exclusive jurisdiction in the appropriate courts of the United States. The sender and recipient agree to comply with all applicable laws and regulations in connection with the transmitted items.

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