

CONTRACTOR SUBMITTAL TRANSMITTAL FORM

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PROJECT NAME

DATE OF SUBMISSION

PROJECT MANAGER

TRANSMITTAL NUMBER

**TRANSMITTED TO:
(NAME/ADDRESS)**

SUBJECT OF SUBMITTAL	SPECIFICATIONS

CHECK ONE OF THE FOLLOWING:

<input type="checkbox"/>	We have verified that the material or equipment contained in this submittal meets all the requirements specified or shown (no exceptions).
<input type="checkbox"/>	We have verified that the material or equipment contained in this submittal meets all the requirements specified or shown, except for the following deviations listed below
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

CONTRACTOR NAME

SIGNATURE

**APPROVAL
COMMENTS**

AUTHORIZED SIGNATURE OF APPROVAL

DATE

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