

TRANSMITTAL FORM TEMPLATE

Last Updated: February 2026

TRANSMITTAL INFORMATION

Transmittal Number: _____
 Project Name: _____
 Project Number: _____
 Date: _____
 From (Company/Person): _____
 To (Company/Person): _____
 Subject: _____
 _____:

DOCUMENTS TRANSMITTED

Document 1:
 Document Type: _____
 Document Title: _____
 Revision/Version: _____
 Number of Pages/Sheets: _____
 Drawing Numbers: _____
 Date of Document: _____

Document 2:
 Document Type: _____
 Document Title: _____
 Revision/Version: _____
 Number of Pages/Sheets: _____
 Drawing Numbers: _____
 Date of Document: _____

Document 3:
 Document Type: _____
 Document Title: _____
 Revision/Version: _____
 Number of Pages/Sheets: _____
 Drawing Numbers: _____
 Date of Document: _____

PURPOSE

& For Information
 & For Review
 & For Approval
 & For Construction
 & For Record
 & Other: _____

RESPONSE REQUIRED

Response Required: & Yes & No

If Yes, Response Due Date: _____

Response Method: & Email & Mail & Phone & Other: _____

DELIVERY METHOD

& Email

& Hand Delivery

& Overnight Mail

& Regular Mail

& Other: _____

TRACKING

Sent Date: _____

Received Date: _____

Confirmed By: _____

Response Received Date: _____

NOTES

Additional Notes:

Special Instructions:

SIGNATURES

Sent By: _____

Received By: _____