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: _____