FACSIMILE TRANSMITTAL SHEET		
TO:	FROM:	
FAX NUMBER:	DATE:	
DEPARTMENT:	TOTAL NO. OF PAGES INCLUDING COVER:	
PHONE NUMBER:	ACCOUNT NUMBER:	
AUTHORIZED SIGNATURE	TIME:	
☐ URGENT ☐ FOR REVIEW	☐ PLEASE COMMENT ☐ PLEASE REPLY	☐ PLEASE RECYCLE
NOTES/COMMENTS:		