

## DOCUMENT TRANSMITTAL FORM

Transmittal No.	
Transmittal Date	00/00/2023

<b>Sent from:</b>			
Name:		Address:	
Designation:		Telephone No.	
Company:		Fax No.	

<b>Addressed to:</b>			
Name:		Address:	
Designation:		Telephone No.	
Company:		Fax No.	

Attachment:									
Stamp		Registration		Docs		CD		Books	
Others: (Please specify)									

Descriptions		
Item	Reference	Remarks
Electrical Rooms		For receipt acknowledgement
LV-MV Rooms		
Offices		
Pantries		
Plant Room		
Pump Room		
UPS Room		
Service Tunnel		
Water Tanks		
A		
B		
C		
D		

**Note:** Please confirm your receipt of the attached by filling the information below and returning a copy of this transmittal to [HOSPITALITY NAME] for file and record.

Sent by:

Received by:

Signature

Signature

Name:		Name:	
Designation:		Designation:	
Company:		Company:	
Time & Date:		Time & Date:	