Record Working Shop Drawing Transmittal

Date __________________________

TO: ____________________________________________

FROM: __________________________________________

(Final Review Office)

PROJECT NAME ________________________________

FINANCIAL PROJECT ID __________________________

FEDERAL AID PROJECT NO. ______________________

CONTRACT ID NUMBER __________________________

COUNTY (SECTION) ______________________________

STATE ROAD NUMBER ____________________________

BRIDGE NUMBER ________________________________

CONTRACTOR _________________________________

ENGINEER OF RECORD __________________________

We are transmitting herewith the following Record Working Shop Drawings for archiving: 1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

6. ________________________________

For the Final Review Office: ____________________________ (Signature) (Date)

For the Receiving Office: ____________________________ (Signature) (Date)