

GENERAL SUBMITTAL TRANSMITTAL FORM

Please fill in all information as completely as possible. One "submittal type" per form. Highlighted areas are information necessary for documents sent to the Technical Reference Center.

Submittal Type: <input checked="" type="checkbox"/> One <input type="checkbox"/> Material Description <input type="checkbox"/> Shop Drawing <input type="checkbox"/> O&M Manual <input type="checkbox"/> Specification <input type="checkbox"/> Calculations <input type="checkbox"/> Warranty <input type="checkbox"/> Other:	Submittal No.	Port Project Name	Port Business Unit:	Port EAN	<b style="font-size: 24px;">Port of Portland
Submitted By (name of person)		General Contractor		Contractor Job No.	
Port Drawing Reference		Router		Sub-Contractor	
Drawing No.	Sht. No.	Primary Consultant			

Transmittal Routing ("From" > "To")	Copies	Attention (destination name)	Date Sent	Date Rec'd	Date Due
Contractor > Port Const.					
Port Const. > Consultant					
Consultant > Sub-Consultant					
Sub-Consultant > Consultant					
Consultant > Port Engineering					
Port Const. > Port Engineering					
Port Const. >					
Port Engineering > Port Const.					
Port Const. > email Contractor					
Port Const. > TRC		TRC Specialist			

Specification Reference		Submittal Title or Description	Action			
Section No.	Paragraph No.		A	B	C	D

CONTRACTOR/CONSULTANT/PORT NOTES:	TRC USE ONLY	For Port Use <input type="checkbox"/>	SUBJECT TO ALL CONTRACT REQUIREMENTS A = PROCEED B = CORRECT AS NOTED & PROCEED C = REVISE AND RESUBMIT D = FOR INFORMATION ONLY
	Date Rec'd At TRC:	<input type="checkbox"/>	
	Index No:	<input type="checkbox"/>	
	Document Quality:	<input type="checkbox"/>	
	<input type="checkbox"/> OK <input type="checkbox"/> Resubmit	<input type="checkbox"/>	