

# UF/IFAS Extension Transmittal Form

State Major Program number: FL- \_\_\_\_\_

Please read form carefully and complete all sections that apply.

For all Plan of Work projects: Complete and sign form. Attach document to form. Give to program leader for signature.

Some projects require additional information: For an electronic circular separated into a fact sheet series, complete one form and attach a list of all included titles.

DLN (Document library number): \_\_\_\_\_

Departmental number (if needed): \_\_\_\_\_

Title: \_\_\_\_\_

Author(s): \_\_\_\_\_

Phone and E-mail: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Author(s) affiliations: \_\_\_\_\_

In-unit reviewers (center or department): \_\_\_\_\_

External reviews (added after project leaves unit): \_\_\_\_\_

Document keywords (three to five): \_\_\_\_\_

Place in EDIS menus (must be completed): \_\_\_\_\_

**FUNDING INFORMATION (if needed)**

Grant account no.: \_\_\_\_\_

SHARE funds: \_\_\_\_\_

Incidental account: \_\_\_\_\_

New project  Existing project

If existing, list first publication date: \_\_\_\_\_

Minor revision  Major revision

State program  County program

**INTENDED AUDIENCES**

Academic

General public

Industry or commercial

Other language

Spanish speaking

Special audience  \_\_\_\_\_

Appropriate readability level: \_\_\_\_\_

Editing needed

Proof only  Edit and revise

**GRAPHICS IN DOCUMENT QUANTITY**

Artwork  \_\_\_\_\_

Equations  \_\_\_\_\_

Photographs  \_\_\_\_\_

Tables  \_\_\_\_\_

**PUBLICATION SPECIALISTS ASSIGNED**

Received date: \_\_\_\_\_

Submission date: \_\_\_\_\_

Released to public date: \_\_\_\_\_

**APPROVALS**

**Author(s) Signature**

\_\_\_\_\_ date: \_\_\_\_\_

\_\_\_\_\_ date: \_\_\_\_\_

**Department and/or unit leaders**

\_\_\_\_\_ date: \_\_\_\_\_

**Department and/or unit leaders**

\_\_\_\_\_ date: \_\_\_\_\_

\_\_\_\_\_ date: \_\_\_\_\_

**Program Leader**

\_\_\_\_\_ date: \_\_\_\_\_

(Forward to UF/IFAS Communications after obtaining all approvals)