

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)