

SUBMITTAL REVIEW FORM

PROJECT NAME

DATE OF SUBMISSION

PROJECT MANAGER

REVIEW DATE

NAMES OF COLLABORATOR(S)	HOME OFFICE ADDRESS	FIRST SUBMISSION?	CONTACT INFORMATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CATEGORY	TITLE	SPEC NO.	DESCRIPTION OF PROJECT	STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECK	DECISION	COMMENTS
<input type="text"/>	ACCEPTED	<input type="text"/>
<input type="text"/>	ACCEPTABLE WITH CHANGES NEEDED	<input type="text"/>
<input type="text"/>	REJECTED WITH CHANGES NEEDED	<input type="text"/>
<input type="text"/>	REJECTED	<input type="text"/>

REMARKS

REVIEWER NAME

SIGNATURE

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