

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: _____

Authors: _____

Phone and E-mail: _____

Department: _____

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): _____

New project	<input type="checkbox"/>	Existing project	<input type="checkbox"/>
If existing, list first publication date: _____			
Minor revision	<input type="checkbox"/>	Major revision	<input type="checkbox"/>
State program	<input type="checkbox"/>	County program	<input type="checkbox"/>

Intended audiences:	
Academic	<input type="checkbox"/>
General public	<input type="checkbox"/>
Industry or commercial	<input type="checkbox"/>
Other language	<input type="checkbox"/> _____
Spanish speaking	<input type="checkbox"/>
Special audience	<input type="checkbox"/> _____
Appropriate readability level: _____	
Editing needed:	
Proof only	<input type="checkbox"/>
Edit and revise	<input type="checkbox"/>

<u>Graphics in document:</u>	<u>Quantity</u>
Artwork	<input type="checkbox"/> _____
Equations	<input type="checkbox"/> _____
Photographs	<input type="checkbox"/> _____
Tables	<input type="checkbox"/> _____

Funding information (if needed):
Grant account no. : _____
SHARE funds: _____
Incidental account: _____

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 IFAS Communication Services after obtaining all approvals)