

INTERNAL TRANSMITTAL FORM

To :	Attn :	Date :
------	--------	--------

[illegible]

1. Once received, please scan back this form and send to _____ or any admin in charge for company record.

Prepared By:	Checked By:	Received By:
<p>(Signature)</p> <p>Name:</p> <p>Position:</p> <p>Date:</p>	<p>(Signature)</p> <p>Name:</p> <p>Position:</p> <p>Date:</p>	<p>(Signature)</p> <p>Name:</p> <p>Position:</p> <p>Date:</p>