DCG

Document Control Group

Drawing Copy Request and/or Drawing Turn-In Form

						Date	**Time**
Name	Debbie Melts	**Date**	7/3/00	**Ext**	7508	**Needed By**	7/5/00 noon

Drawing Numbers (dwg size not required)	REV	Sheet	of	# of Copies	A,B,C,D or E Size	Folded (E flat only)	Flat	Stamped Approved	Stamped Bid	Stamped Date	Stamped Info	Stamped Preliminary	Binding Edge	Set Stapled
28401-0092	A	1	1	5/3/1	C/A/B	X							B only	
28401-0093	-	1	1											
28401-0094	-	1	1											
28401-0095	-	1	1											
28401-0096	A	1	1											
28401-0097	B	1	2											
28401-0097	B	2	2											

Special Instructions:

Completed: _____ Time: _____ Total: _____

DSSrevised7/3/00(forms/drawingcopy.xls)