

# FAX TRANSMISSION

<ORGANIZATION>  
<Address>  
<City>, <State> <ZIP Code>  
<Phone Number>  
Fax: <Fax Number>

<b>To:</b>	[Name of Recipient]	<b>Date:</b>	Date
<b>Company:</b>	[Company]	<b>Ref:</b>	[Reference]
<b>Fax #:</b>	[Fax Number]	<b>Pages:</b>	[Pages (including cover sheet)], including this cover sheet.
<b>From:</b>	<Name>		
<b>Subject:</b>	[Subject]		
<b>Code:</b>	[Billing code]	[Fax Date (mm/dd/yy)] [Fax Time (hh:mm:ss)]	

COMMENTS: