**FORM: SUBMISSION**

SUBMISSION NO. : S

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| Job Title | Job No. |
| Process : | |
| ITP Reference - : | |
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| Drawing Reference : | |
| Location : | |
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| The following is submitted to the Superintendent's Representative  🞎 for approval 🞎 as advice/presentation  🞎 requesting instruction 🞎 other, Specify | |
| Details: | |
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| Project Manager - Signature: Date:  or  Project QA Manager - Signature: Date: | |
| Response | |
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| Client QA RepresentativeApproved 🞎 | |
| Signature: Date: | |