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| **Transmittal to DAS/CS Project Accounting** | | | | | | | | | |
| Date: |  | | | | | | | | |
| **To DAS/CS Project Accounting:** | | | | | | **From DAS/CS Office of Design & Construction:** | | | |
| **Glenn Knapsack** | | | | | | Name: | |  | |
| DAS Fiscal Administrative Supervisor | | | | | | Title: | |  | |
| **Suite 1305 – DAS/CS Business Office** | | | | | | Suite No: | |  | |
| Phone: | | 860-713-5774 | | | | Phone: | |  | |
| Project Number: | | |  | | | | | | |
| Project Title: | | |  | | | | | | |
| Project Location: | | |  | | | | | | |
| Subject: | | |  | | | | | | |
| **cc:** | | | | **(via email)** |  | |  | | |
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|  | | | | |  | |  | |  |
| **Comments:** | | | | | | | | | |