

# TRANSFER OF TESTED MATERIALS REPORT

**DISTRIBUTION:** Region (each Region if transfer is from one Region to another), Project Files

<b>TO:</b>	CONTROL SECTION I.D.	JOB NUMBER	RESIDENT/PROJECT ENGINEER
<b>FROM:</b>		JOB NUMBER	RESIDENT/PROJECT ENGINEER

NAME and SPECIFICATION OF MATERIAL

NAME OF PRODUCER or SUPPLIER

PIT or SOURCE (AGGREGATES)

LOCATION OF MATERIAL

QUANTITY OF MATERIAL TRANSFERRED

QUANTITY REMAINING IN INVENTORY

EVIDENCE OF TEST				
REPORT TITLE	REPORT NUMBER	LABORATORY NUMBER	DATES	QUANTITY TESTED

IDENTIFICATION OF MATERIAL (LOT, BATCH, SEAL NUMBER, ETC.)

REMARKS:

SIGNATURE	DATE
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