

DEPARTMENT OF CHEMISTRY

FACSIMILE TRANSMITTAL SHEET

DATE:	TOTAL NO. OF PAGES INCLUDING COVER:			COVER:
TO:	FROM:			
CO/DEPT:	CO/DEPT			
PHONE #:	SENDERS PHONE #:			
FAX #:	SENDERS FAX #:			
URGENT	FOR REVIEW	PLEASE COMMENT	PLEASE REPLY	PLEASE RECYCLE

ADDITIONAL COMMENTS: