SUBMITTAL SCHEDULE

Project Name:

Project Number:

Facility:

Contract Date:

Subcontractor:

Specification Section:

Work Activity:

|  |  |  |  |
| --- | --- | --- | --- |
| Event | Scheduled  Completion Date | Actual  Completion  Date | Calendar Days  Required to Complete |
| 1. Received by Design Builder and Time for Checking |  |  |  |
| 2. First Delivered to University's Representative and Time for Checking |  |  |  |
| 3. Return to Design Builder |  |  |  |
| 4. Corrections Completed and Time  for Corrections |  |  |  |
| 5. Next Delivered to University's Representative and Time for Checking |  |  |  |
| 6. Return to Design Builder |  |  |  |
| 7. Approval for Job Information |  |  |  |
| 8. Approval for Fabrication and Time for Fabrication |  |  |  |
| 9. Fabrication Completed |  |  |  |
| 10. Shipping Date and Time Enroute |  |  |  |
| 11. Delivery to Job |  |  |  |