



UNIVERSITY OF
FLORIDA

EXTENSION

Institute of Food and Agricultural Sciences

Extension Transmittal Form

State Major Program number: FL- _____

Please read form carefully and complete all sections that apply.

For all Plan of Work projects: Complete and sign form. Attach document to form. Give to program leader for signature. Some projects require additional information: For an electronic circular separated into a fact sheet series, complete one form and attach a list of all included titles.

DLN (Document library number): _____

Departmental number (if needed): EENY 691

Title: lively cuckoo bee (suggested common name)

Nomada fervida Smith (Insecta: Hymenoptera: Apidae)

Authors: Jason L. Williams, Cameron Jack, Jamie Ellis

Phone and E-mail: 33955; gillett@ufl.edu

Department: Entomology and Nematology

Author(s) affiliations: _____

In-unit reviewers (center or department): Blair Siegfried & Jennifer Gillett-Kaufman

External reviews (added after project leaves unit): _____
Sam Droege, Howard Frank, and Stacy Strickland

Document keywords (three to five): lively cuckoo bee, Nomada fervida Smith, Insecta, Hymenoptera, Apidae

Place in EDIS menus (must be completed): _____

New project	<input type="checkbox"/>	Existing project	<input type="checkbox"/>
If existing, list first publication date: _____			
Minor revision	<input type="checkbox"/>	Major revision	<input type="checkbox"/>
State program	<input type="checkbox"/>	County program	<input type="checkbox"/>

Intended audiences:

Academic	<input type="checkbox"/>
General public	<input type="checkbox"/>
Industry or commercial	<input type="checkbox"/>
Non-English speaking	<input type="checkbox"/>
Special audience	<input type="checkbox"/> _____
Appropriate readability level: _____	
Editing needed:	
Proof only	<input type="checkbox"/>
Edit and revise	<input type="checkbox"/>

Graphics in document: Quantity

Artwork	<input type="checkbox"/>	_____
Equations	<input type="checkbox"/>	_____
Photographs	<input type="checkbox"/>	_____
Tables	<input type="checkbox"/>	_____

Funding information (if needed):

Grant account no. : _____
SHARE funds: _____
Incidental account: _____

Publication specialists assigned:

Received date: _____
Submission date: _____
Released to public date: _____

APPROVALS:

Author(s) Signature: _____

date: _____

date: _____

Department and/or unit leaders: _____

date: 12-1-17

date: _____

Program Leader: _____

date: _____

(Forward to IFAS Communication Services after obtaining all approvals)