



Extension Transmittal Form

EXTENSION

Institute of Food and Agricultural Sciences

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 689

Title: yellow Brazilian peppertree leaf-galler (suggested common name)

scientific name: Calophya latiforceps Burckhardt (Insecta: Hemiptera: Calophytidae: Calophytinae)

Authors: James P. Cude, UF/IFAS Entomology & Nematology Department, Patricia Prade, & Carey R. Minter-Gilman, UF/IFAS Indian River REC, Ft. Pierce, FL.

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): William Overholt, Susan Halbert, Howard Frank and Ken Gloeli

Document keywords (three to five): yellow Brazilian peppertree leaf-galler, Calophya latiforceps Burckhardt, Hemiptera

Place in EDIS menus (must be completed): _____

Funding information (if needed):

Grant account no. : _____

SHARE funds: _____

Incidental account: _____

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"/>

? Sm

Intended audiences:

Academic

General public

Industry or commercial

Non-English speaking

Special audience _____

Appropriate readability level: _____

Editing needed:

Proof only Edit and revise

Graphics in document:	Quantity
Artwork	<input type="checkbox"/> _____
Equations	<input type="checkbox"/> _____
Photographs	<input type="checkbox"/> _____
Tables	<input type="checkbox"/> _____

Publication specialists assigned:

Received date: _____

Submission date: _____

Released to public date: _____

APPROVALS:

Author(s) Signature: [Signature] date: 17 NOV 17

Department and/or unit leader(s): [Signature] date: 1-7-17

Department and/or unit leader(s): _____ date: _____

Program Leader: [Signature] date: 11/22/17

(Forward to IFAS Communication Services after obtaining all approvals)



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 692

Title: tobacco hornworm

scientific name: Manduca sexta (Linnaeus) (Insecta: Lepidoptera: Sphingidae)

Authors: _____

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

Department: Entomology and Nematology

Author(s) affiliations: Morgan A. Byron and Jennifer L. Gillett-Kaufman,

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

External reviews (added after project leaves unit): _____
John Capinera, Whitney Elmore, and Howard Frank

Document keywords (three to five): tobacco hornworm, Manduca sexta, Linnaeus, Lepidoptera, Sphingidae

Place in EDIS menus (must be completed): _____

New project	<input checked="" 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

General public

Industry or commercial

Non-English speaking

Special audience _____

Appropriate readability level: _____

Editing needed:

Proof only Edit and revise

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: 11/17/17

Department and/or unit leaders: _____ date: 11/17/17

Department and/or unit leaders: _____ date: _____

Program Leader: _____ date: 11/21/17

(Forward to IFAS Communication Services after obtaining all approvals)