**[A blue and white logo

Description automatically generated](https://fr.smartsheet.com/try-it?trp=17930&utm_language=FR&utm_source=template-word&utm_medium=content&utm_campaign=ic-Construction+Submittal-word-17930-fr&lpa=ic+Construction+Submittal+word+17930+fr)MODÈLE DE FORMULAIRE DE SOUMISSION DE CONSTRUCTION**

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| **Nom de l’entreprise** | | | | | | | | | | | | | | | | | | | | | | | |  | SOUMISSION DE CONSTRUCTION | | | | | | | | | | | | | | |
| 123 Main Street, Ville, État 12345 | (321) 654-9870 | email@address.com | | | | | | | | | | | | | | | | | | | | | | | | |
| **IDENTIFIANT DE LA SOUMISSION** | | | | **IDENTIFIANT DU PROJET** | | | | | | | **NOM DU PROJET** | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| SOUMIS À | | | | | | | | | | | TYPE DE SOUMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | DESSIN D’ATELIER | | |  | | | | DONNÉES  PRODUIT | | | |  | DEMANDE DE RENSEIGNEMENTS | | | | | | |  | | ENTR. FORMULAIRE/ REC. QUALITÉ | | |  | | DOC DU SYSTÈME  QUALITÉ |
|  | | AUTRE (DÉCRIRE) : | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION DE LA SOUMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PIÈCES JOINTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMMENTAIRES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CONTACT CLIENT | | | | | | | | | | | STATUT DE L’EXAMEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | AUTRE (DÉCRIRE) : | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **PRÉPARÉ PAR** | | | | | | **FONCTION** | | | | | | | | | **DATE** | | | | | | | **APPROUVÉ PAR** | | | | | | | | **FONCTION DE LA PARTIE APPROBATRICE** | | | | | | | | | **DATE** |
|  | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  |
| **Nom de l’entreprise** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DEMANDE DE MODIFICATION SOUMISSION DE CONSTRUCTION | | | | | | | | | |
| 123 Main Street, Ville, État 12345 | (321) 654-9870 | email@address.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IDENTIFIANT DE LA MODIFICATION** | | | **IDENTIFIANT DU PROJET** | | | | | **NOM DU PROJET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | MODIFICATION DEMANDÉE PAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOUMIS À | |  | | | | | | | |  | | PERSONNE/ ENTREPRISE | | | | | |  | | | CLIENT | | | | |  | ARCHITECTE | | | | | |  | | INGÉNIEUR | | | | | |
| ENVOYÉ  PAR | |  | | | | | | | |  | | RESPONSABLE CONSTRUCTION | | | | | |  | | | AGENT DE CONTRÔLE | | | | |  | AUTRE (DÉCRIRE) : | | | | | |  | | | | | | | |
| DESCRIPTION DE LA DEMANDE DE MODIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| JUSTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | PIÈCES JUSTIFICATIVES | | | | | | | | | | | | |
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| **IMPACT SUR LES DÉLAIS/PLANNING ?** | | | | | | |  | | OUI | | | | | | | |  | | NON | | | | | | | | | NOMBRE DE JOURS : | | | | | | | |  | | | | |
| MOTIF DE L’IMPACT SUR LES DÉLAIS/PLANNING | | | | | | | | | | | | | | | | | | | | | | | | | | | | PIÈCES JUSTIFICATIVES | | | | | | | | | | | | |
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| **IMPACT BUDGÉTAIRE ?** | | | | | | |  | | OUI | | | | | | | |  | | NON | | | | | | | | | MONTANT EN $ : | | | | | | | |  | | | | |
| MOTIF DE L’IMPACT BUDGÉTAIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | PIÈCES JUSTIFICATIVES | | | | | | | | | | | | |
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| **CLIENT**  **PARTIE APPROBATRICE** | | | | | **FONCTION** | | | | | | | | | **DATE D’APPROBATION** | | | | | | | | | **ENTREPRISE**  **PARTIE APPROBATRICE** | | | | | | **FONCTION** | | | | | | | | | | **DATE D’APPROBATION** | |
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| **Nom de l’entreprise** | | | ÉQUIPEMENT ET MATÉRIELS | |
| 123 Main Street, Ville, État 12345 | (321) 654-9870 | email@address.com | | |
| **PRÉPARÉ PAR** | **IDENTIFIANT DU PROJET** | **NOM DU PROJET** | | **DATE** |
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| **IDENTIFIANT DE L’ÉLÉMENT** | **NOM DE L’ÉLÉMENT** | **UTILISATION PRÉVUE** | **EXIGENCE D’APPROBATION** | **COMMENTAIRES** |
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| **Nom de l’entreprise** | | | JOURNAL DES SOURCES D’APPROVISIONNEMENT DU PROJET | | |
| 123 Main Street, Ville, État 12345 | (321) 654-9870 | email@address.com | | |
| **PRÉPARÉ PAR** | **IDENTIFIANT DU PROJET** | **NOM DU PROJET** | | | **DATE** |
|  |  |  | | |  |
|  |  | | | |  |
| **IDENTIFIANT DE L’ÉLÉMENT** | **NOM/MODÈLE DU PRODUIT** | **FABRICANT** | **DESCRIPTION** | **TÂCHE ASSOCIÉE** | **FOURNISSEUR** |
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