F A X

[差出人氏名]
[役職]

[会社名]

[住所]

[電話番号]

[FAX番号]

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| To: | [送信先] | From: | [発信元] |
| Fax: | [送信先FAX番号] | Pages: | [このページを含む送信ページ数] |
| Phone: | [送信先電話番号] | Date: | [日付] |
| CC: | [送信先以外の受取人] |  |  |

Re: [件名]

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| 期日 | * 至急　　□ ○○○○年○○月○○日までに
 |
| 事項 | * ご確認ください　　□ ご返信ください　　□ ご回覧ください
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ご不明な点などございましたら、担当○○（○○-○○○○-○○○○）までご連絡くださいませ。