

RECORDS TRANSFER FORM

1. Date Prepared:		2. Page	of	3. Department Account #	4. Depar	4. Department Name		5. Agency #				
Use One Row for Each Carton									Record Center Use			
6. Temp.	7. Record Series #		8.	Description of Contents		Record Dates			11.	12.	13.	
Carton #									Final Carton #	Carton Location #	Retention Date	
						9. From	10. 1	0			24.0	
14. Depar	rtment Represe	ntative Sig	nature	15. Records Representative Signature 16.			16. Dat	Date Boxes Received				

RECORDS TRANSFER FORM 10/2020