



RECORDS TRANSMITTAL

MUST BE COMPLETED BY DEPARTMENT						FOR RECORDS RETENTION OFFICE USE ONLY				
Box #	DESCRIPTION OF RECORD	DATE		RECORD CLASS	PROPOSED DISPOSAL DATE	RECORD STORAGE #	LOCATION			OFFICE DISPOSAL DATE
		From	To				R/S	Location	BOARD DATE	

NUMBER OF BOXES : _____

DEPARTMENT : _____

PREPARED BY/ DATE: _____

ENTERED BY: _____

MANAGERS NAME PRINTED: _____

MANAGERS NAME SIGNATURE: _____