

**RECORDS TRANSMITTAL
AND RECEIPT**

Transmittal No. _____

Date: _____

Complete at State Records Center

1. From: (Name, Division, Address or Agency)

Accession No.

Date Received

Signature

Title

2. Building and Room

3. Phone

4. To: State Records Center

5. Signature: (Agency Official)

6. No. of Cu. Ft.

7. Records Location (Center)	8. Box Numbers	9. Description of Records With Inclusive Dates	10. Disposal Authority (Schedule and Item No.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use Plain Unlined Paper for Continuation Pages)